

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024629

1. Entity Name

DESTINY ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 12
ORTEGA STATION
JACKSONVILLE FL 32210

Mailing Address

P.O. BOX 12
ORTEGA STATION
JACKSONVILLE FL 32210

2. Principal Place of Business

3946 ME Girls Blvd

3. Mailing Address

P O Box 12

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32210

Country

USA

Zip

32210-0012

Country

USA

4. FEI Number

59-3704264

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

92684



6. Name and Address of Current Registered Agent

PARHAM, WILLIAM H JR.
121 W. FORSYTH ST.
STE. 200
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

William H. Parham Jr.

Street Address (P.O. Box Number is Not Acceptable)

3946 ME Girls Blvd.

City

Jacksonville

FL

Zip Code

32210

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

President

4/10/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME PARHAM, WILLIAM H JR.
STREET ADDRESS P.O. BOX 12, ORTEGA STATION
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ DeleteTITLE D
NAME FINES, CHRISTINE E
STREET ADDRESS 3831 OLD FOREST R., STE. 6
CITY-ST-ZIP LYNCHBURG VA 24501 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

904 598-7641

Daytime Phone #

CR2E034 (9/01)