

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90150 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

80098848

DOCUMENT # P01000118230			
1. Entity Name DESTINY EXECUTIVE GROUP BY DEBORAH PERSLEY, INC			
Principal Place of Business 2225 7TH AVE NORTH ST. PETERSBURG, FL 33713		Mailing Address 2225 7TH AVE NORTH ST. PETERSBURG, FL 33713	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3732275		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERSLEY, DEBORAH G 2225 7TH AVE NORTH ST. PETERSBURG, FL 33713		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Deborah G. Persley</u> 4/28/03 Signature, typed or printed name of registered agent and title if applicable (Typed Registered Agent signature required when substituting)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	☐ Delete	
NAME	PERSLEY, DEBORAH		
STREET ADDRESS	2225 7TH AVE N		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Deborah Persley (Deborah Persley)</u> 4/28		(727) 327-9214	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)