

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90421 038 \*\*\*150.00

**DOCUMENT # P02000039450**

1. Entity Name  
**PD I (DESTIN), INC.**



Principal Place of Business  
**2901 RIGSBY LANE  
SAFETY HARBOR FL 34695**

Mailing Address  
**2901 RIGSBY LANE  
SAFETY HARBOR FL 34695**



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  
**71-0881547**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FORLIZZO, ROBERT A  
2903 RIGSBY LANE  
SAFETY HARBOR FL 34695**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	DP	<input type="checkbox"/> Delete
NAME	Michael P. Connor	
STREET ADDRESS	2901 Rigsby Lane	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	DEUPTS	<input type="checkbox"/> Delete
NAME	George K. Kidman	
STREET ADDRESS	2901 Rigsby Lane	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Michael T. Wagner	
STREET ADDRESS	2901 Rigsby Lane	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	Robert A. Forlizzo	
STREET ADDRESS	2901 Rigsby Lane, Safety Harbor Fl	
CITY-ST-ZIP	34695	
TITLE	AS	<input type="checkbox"/> Delete
NAME	Bridget Blake	
STREET ADDRESS	2901 Rigsby Lane	
CITY-ST-ZIP	Safety Harbor, FL 34695	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Bridget Blake*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

727-726-1115

Daytime Phone #

CR2E034 (10/02)