

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90063 002 \*\*\*150.00

**DOCUMENT # P02000053195**

1. Entity Name  
**MOM AND ME OF DESTIN, INC.**



Principal Place of Business  
**265 AZALEA DR  
DESTIN FL 32541**

Mailing Address  
**265 AZALEA DR  
DESTIN FL 32541**



2. Principal Place of Business  
**114 Palmetto Street**

3. Mailing Address  
**114 Palmetto Street**

Suite, Apt. #, etc.  
**Suite 5**

Suite, Apt. #, etc.  
**Suite 5**

City & State  
**DESTIN, FL**

City & State  
**DESTIN, FL**

4. FEI Number  
**04-3669123**

Applied For  
☐ Not Applicable

Zip  
**32541**

Country  
**OKALOOSA**

Zip  
**32541**

Country  
**OKALOOSA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**AMMONS, KATHRYN G  
265 AZALEA DR  
DESTIN FL 32541**

Name

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

**114 Palmetto Street**

**Suite 5**

City **DESTIN**

**FL**

Zip Code **32541**

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 **KATHRYN G. AMMONS**

*Kathryn G. Ammons*

**4/7/03**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STEWART, MICHELLE A 306 PRIMROSE CIR DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AMMONS, KATHRYN G 519 KELLY ST DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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:

*Kathryn G. Ammons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KATHRYN G. AMMONS 4/7/03 850-654-6544**  
Date Daytime Phone #

CR2E034 (10/02)