

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91771 022 \*\*\*150.00

**DOCUMENT #** P02000099559

1. Entity Name  
**DESTINATION REWARDS, INC.**



Principal Place of Business  
2000 W. COMMERCIAL BLVD.  
SUITE 133  
FT. LAUDERDALE FL 33309

Mailing Address  
2000 W. COMMERCIAL BLVD.  
SUITE 133  
FT. LAUDERDALE FL 33309

33043000

2. Principal Place of Business  
**2160 W Atlantic Ave**  
Suite, Apt. #, etc.  
**102**  
City & State  
**Delray Beach FL**  
Zip  
**33445** Country  
**Palm Beach**

3. Mailing Address  
**2160 W Atlantic Ave**  
Suite, Apt. #, etc.  
**102**  
City & State  
**Delray Beach FL**  
Zip  
**33445** Country  
**Palm Beach**

06-1650444 ☐ CHECK HERE IF MAKING CHANGES

4. FEJ Number  
**06-1650444** Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CLAIRE, ROBERT I**  
**5295 TOWN CENTER ROAD**  
**SUITE 301**  
**BOCA RATON FL 33486**

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 DAVID O. SHAW  
Signature, typed printed name of registered agent and fee 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>PSTD SHAW, DAVID 2000 W. COMMERCIAL BLVD. SUITE 133 FT. LAUDERDALE FL 33309</b> <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	<b>VO SCHROEDER, CHRIS 2000 W. COMMERCIAL BLVD. SUITE 133 FT. LAUDERDALE FL 33309</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DAVID O. SHAW **SIGNATURE REQUIRED**  
Signature and typed printed name of signing officer or director Date **3/02/03** Daytime Phone # **561-276-6260**

CR2ED34 (10/02)