

FILED
Jun 15, 2001 8:00 am
Secretary of State

05-15-2001 90078 049 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054271

1. Entity Name
DESTIN SWIMWEAR CORPORATION

LA

Principal Place of Business
9539 HWY 98 W
DESTIN FL 32541
US

Mailing Address
9539 HWY 98 W
DESTIN FL 32541
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
PO Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.
6413

City & State
Alone

City & State
Destin FL

4. FEI Number **59-3183481**

Applied For
 Not Applicable

Zip

Country

Zip
32530

Country
Walton

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

LEWIS, MARTIN
9539 HWY 98 W
DESTIN FL 32541

Name
Martin Lewis
Street Address (P.O. Box Number is Not Acceptable)
PO Box 6413

City *Destin* FL Zip Code *32530*

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LEWIS, MARTIN
9539 HWY 98 W
DESTIN FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PO Box 6413
Destin FL 32530

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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: *Martin Lewis* Martin Lewis 1-1501 8508379514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (10/00)