


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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-03-2003 90127 041 ***150.00

DOCUMENT # P93000054271			
1. Entity Name DESTIN SWIMWEAR CORPORATION			
Principal Place of Business 32 FOREST SHORE DR DESTIN FL 32550 400 DESTIN SWIMWEAR P.O. BOX 6413 DESTIN, FL 32550		Mailing Address P.O. BOX 6413 DESTIN FL 32550 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEWIS, MARTIN 32 FOREST SHORE DR DESTIN FL 32550		Name DESTIN SWIMWEAR Street Address (P.O. Box Number is Not Acceptable) 64 Sandy Dune Circle City Destin FL Zip Code 32550	
DESTIN SWIMWEAR P.O. BOX 6413 DESTIN, FL 32550			
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 <i>Martin Lewis</i>		DATE 4-1-03	
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 \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D LEWIS, MARTIN P.O. BOX 6413 DESTIN FL 32550 <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: <i>Martin Lewis</i>		DATE 4-1-03 850 839 954	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	



CHECK HERE IF MAKING CHANGES

CR2003-110/02