

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90025 003 ***150.00

DOCUMENT # P93000069102

1. Entity Name

DESTINY YACHT CHARTERS, INC.

Principal Place of Business

**13799 PARK BLVD N
 STE 203
 SEMINOLE FL 33776
 US**

Mailing Address

**13799 PARK BLVD
 STE 203
 SEMINOLE FL 33776
 US**

2. Principal Place of Business

100 PINELLAS BAYWAY

3. Mailing Address

Suite, Apt. #, etc.

City & State

TIERRA VERDE, FL

City & State

Zip

Country

33715

US

Zip

Country

4. FEI Number

59-3205543 59-320 5313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MACFARLANE, WILLIAM R
 215 176 AVE E
 REDINGTON SHORES FL 33708**

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.

SIGNATURE *S. MacFarlane, S. MACFARLANE, DIR.*

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

(NOTE: Registered Agent signature required when reinstating)

4/17/02
 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, 2002 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

TITLE **D** ☐ Delete
 NAME **MACFARLANE, WILLIAM R**
 STREET ADDRESS **215 176 AVE E**
 CITY-ST-ZIP **REDINGTON SHORES FL 33708**

TITLE **D** ☐ Delete
 NAME **MACFARLANE, SANDRA Y.**
 STREET ADDRESS **215 176 AVE E**
 CITY-ST-ZIP **REDINGTON SHORES FL 33708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 7273192628
 Date Daytime Phone #

0564371 AV

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE