

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90123 046 ***150.00

DOCUMENT # P93000069102

1. Entity Name
DESTINY YACHT CHARTERS, INC.



Principal Place of Business
**100 PINELLAS BAYWAY
TIERRA VERDE FL 33715
US**

Mailing Address
**43799 PARK BLVD- PO BOX 58216
STE-203
SEMINOLE FL 33776- ST PETERSBURG, FL
US 33715**



2. Principal Place of Business

3. Mailing Address

PO BOX 58216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST PETERSBURG, FL

Zip

Country

Zip

Country

33715

PINELLAS

4. FEI Number **59-3205313**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACFARLANE, WILLIAM R
215-176 AVE E 996 56 Ave S
REDINGTON SHORES FL 33708 ST Petersburg, FL
33705**

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

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	D	<input type="checkbox"/> Delete
NAME	MACFARLANE, WILLIAM R	
STREET ADDRESS	215-176 AVE E	
CITY-ST-ZIP	REDINGTON SHORES FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	MACFARLANE, SANDRA Y.	
STREET ADDRESS	215 176 AVE E	
CITY-ST-ZIP	REDINGTON SHRES FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACFARLANE, WILLIAM R.	
STREET ADDRESS	996 56 AVE S.	
CITY-ST-ZIP	ST PETERSBURG, FL 33705	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACFARLANE, SANDRA Y.	
STREET ADDRESS	996 56 AVE S.	
CITY-ST-ZIP	ST PETERSBURG, FL 33705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sandra Y. MacFarlane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

727-319-2628

Daytime Phone #

CR2E034 (10/02)