

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Agent B: Huerta & Alday, CPAs;

954 565 4486;

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05-18-2001 91586 046 ***150.00

P95000086861

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086861			
1. Entity Name DESTINATION REAL ESTATE + RELOCATION SERVICES, INC			
Principal Place of Business 1771 N. Congress Ave Boynton Beach, FL 33426		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 05-0628508		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATHLEIN AMBRIDGE 7307 SHELL RIDGE TERRACE LAKE WORTH, FL 33467		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 <i>Kathleen Ambridge</i> Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when registering) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
FILE NOW!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State			
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
PRESIDENT KATHLEIN AMBRIDGE 7307 SHELL RIDGE TERR LAKE WORTH, FL 33467			
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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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: <i>Kathleen Ambridge</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		5/1/01 561-369-8757 Date Daytime Phone #	