

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000088447**

1. Entity Name

ITD OF DESTIN, INC.**FILED****Feb 09, 2001 8:00 am**
Secretary of State

02-09-2001 90183 001 ***300.00

0035122

Principal Place of Business

Mailing Address

**305 MOUNTAIN DRIVE
SUITE C
DESTIN FL 32541
US****POST OFFICE BOX 1212
DESTIN FL 32541**

2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**109 MELVIN ST.
Suite, Apt. #, etc.****P.O. Box 1212
Suite, Apt. #, etc.**

City & State

DESTIN FL

City & State

DESTIN FL4. FEI Number **59-3346833**

Applied For

Not Applicable

Zip
32541Country
USAZip
32540-1212Country
USA5. 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

**SANDERS, TRAVIS
27 INDIAN BAYOU DRIVE
Y
DESTIN FL 32541**

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

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

(NOTE: Registered Agent signature required when reinstating.)

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	PSTD	<input type="checkbox"/> Delete
NAME	SANDERS, TRAVIS L	
STREET ADDRESS	4045 INDIAN BAYOU DR NORTH	
CITY-ST-ZIP	DESTIN FL 32541	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

CR2E034 (10/00)