## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 05, 2001 8:00 am Secretary of State DOSUMENT # P97000102114 1. Entity Name 03-16-2001 90067 030 \*\*\*150.00 DESTIN WEB DESIGN, INC. Principal Place of Business Mailing Address 38 HICKORY AVENUE 36 HICKORY AVENUE SHALIMAR FL 32579 SHALIMAR FL 32579 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3481396 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ----Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREUBEL, JAMES D Street Address (P.O. Box Number is Not Acceptable) **36 HICKORY AVENUE** SHALIMAR FL 32579 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** (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete Change Addition TITLE TITLE NAME NAME GREUBEL, JAMES D STREET ADDRESS STREET ADDRESS **36 HICKORY AVENUE** CITY-ST-ZIP CITY-ST-7/P SHAUMAR FL 32579 ☐ Addition TITLE ☐ Change Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. JAMES D. GREUBEL