

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90144 046 ***150.00

DOCUMENT # P99000001230

1. Entity Name
DESTINYCOACH, INC.

Principal Place of Business 6374 RAVENWOOD WAY SARASOTA FL 34243	Mailing Address 6374 RAVENWOOD WAY SARASOTA FL 34243-5228
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6374 Ravenwood Way		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State	
4. FEI Number	<input checked="" type="checkbox"/> Applied For		<input type="checkbox"/> Not Applicable
Zip 34243	Country FL	Zip 34243	Country FL
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent Corporation Services Co 1201 Hayes St. Tallahassee, FL		7. Name and Address of New Registered Agent	
Name Henry Parr		Name Henry Parr	
Street Address (P.O. Box is Not Acceptable) 6374 Ravenwood Way		Street Address (P.O. Box is Not Acceptable) 6374 Ravenwood Way	
City Sarasota		City Sarasota	FL Zip Code 34243

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]* DATE **4-20-2000**

Signature, typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PARR, HENRY 6374 RAVENWOOD WAY SARASOTA FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE **4-20-2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

P9 900000230
190097M

Form **SS-4**

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

▶ Keep a copy for your records.

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) Destinycoach, INC		3 Executor, trustee, "care of" name
	2 Trade name of business (if different from name on line 1)		
	4a Mailing address (street address) (room, apt., or suite no.) 6374 Ravenwood Way		5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code Sarasota, FL 34243		5b City, state, and ZIP code
	6 County and state where principal business is located Sarasota County, Florida		
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶ Henry Parr (SSN 350-20-7165)		

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN)
- Partnership
- REMIC
- State/local government
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶
- Other (specify) ▶
- Estate (SSN of decedent)
- Plan administrator (SSN)
- Other corporation (specify) ▶ **Profit**
- Trust
- Federal government/military

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Florida	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)

- Started new business (specify type) ▶
- Banking purpose (specify purpose) ▶
- Changed type of organization (specify new type) ▶
- Purchased going business
- Created a trust (specify type) ▶
- Other (specify) ▶
- Hired employees (Check the box and see line 12.)
- Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) (see instructions) **1-5-99**

11 Closing month of accounting year (see instructions) **December**

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ▶

Nonagricultural	Agricultural	Household
0		

14 Principal activity (see instructions) ▶ **Internet Coaching**

15 Is the principal business activity manufacturing? Yes No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box. Business (wholesale) N/A
 Public (retail) Other (specify) ▶

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ Trade name ▶

17c. Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code) **941-351-8952**

Name and title (Please type or print clearly.) ▶ **Henry Parr, President**

Fax telephone number (include area code) **941-351-8952**

Signature ▶  Date ▶ **4-20-2000**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying