2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000028076

1. Entity Name

DESTINATION, INC.



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90059 020 ***150.00

				-	WE					
	ice of Business YENUE SOUTH AL 35222	3512 7 T	Mailing Address 3512 7TH AVENUE SOUTH BIRMINGHAM AL 35222							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt	t. #, etc.	Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City &	City & State				4. FEI Number 59-3575974 Applied For			
Zip .	Country	Zip	+	Country	<u> </u>	5. 🤇	Certificate of Status Desired	\$8.75 Ac		
	6. Name and Address of Curre	nt Registered	Agent			7. N	Name and Address of New Regis			
SUITE 210 DESTIN F 8. The above the obliga	IERLD COAST PKWY 01 IL 32541 e named entity submits this statement tions of registered agent.	e of changing its i	Name Street City registered office of	Bui Des	200 28 28	en K. Hall ox Number is Not Adceptant) Emeral Coo Ling 2, Suit	st Park e2101 FL Zipson	3541		
Afte	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	0	ble. (NOTE:	hegistered Agent signs	re required	when rei	•instating) 9. Election Campaign Financi Trust Fund Contribution.	· _ +0.0	00 May Be	
10.	OFFICERS AN	D DIRECTORS		11,		ADI	L	S AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVINS, LUKE 3512 7TH AVE BIRMINGHAM AL 35222		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Presi	deni	t .	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCRORY, JOHN 3512 7TH AVE BIRMINGHAM AL 35222		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice R	1451	d ent	☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip	T LEBO, STEVE 3512 7TH AVE S. BIRMINGHAM AL 35222		☐ 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	
TTLE IAME STREET ADDRESS STY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
	certify that the information supplied will on this report or supplemental report poration or the receiver or trustee emp or on an attachment with an address.									

SIGNATURE: _

Daytime Phone #