

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034717

1. Entity Name

Destiny Fleets INC.

Principal Place of Business

2407 Harris Ave  
Key West, FL  
33040

Mailing Address

P.O. Box 2627  
K.W. FL 33045

2. Principal Place of Business

2407 Harris Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 2627

Suite, Apt. #, etc.

City & State

Key West Florida

Zip  
33040

Country  
Monroe

City & State

Key West Florida

Zip  
33045

Country  
Monroe

4. FEI Number

65-0911558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Francis H Muldoon JR ESQ  
513 Whitehead Street  
Key West, FL 33040

7. Name and Address of New Registered Agent

Name Adam Disson

Street Address (P.O. Box Number is Not Acceptable)

2407 Harris Ave

City Key West

FL

Zip Code 33040

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

10-24-00

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

TITLE President  
NAME Adam Disson  
STREET ADDRESS 2407 Harris Ave  
CITY-ST-ZIP Key West FL 33040 ☐ Delete

TITLE Secretary  
NAME Joni Disson  
STREET ADDRESS 2407 Harris Ave  
CITY-ST-ZIP Key West FL 33040 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME 500003500605-0  
STREET ADDRESS -12/13/00--01113--007  
CITY-ST-ZIP \*\*\*\*\*550.00 \*\*\*\*\*550.00 ☐ Change ☐ Addition

TITLE  
NAME 700003464587-2  
STREET ADDRESS -11/13/00--01084--001  
CITY-ST-ZIP \*\*\*\*\*550.00 \*\*\*\*\*550.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/00

(305)  
296-6296

Date

Daytime Phone #

CR2E034 (9/99)