

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040865

1. Entity Name

DESTINY INVESTMENT CORPORATION

FILED
May 11, 2000 8:00 am
Secretary of State

04-14-2000 90012 035 ***150.00

Principal Place of Business

5156 CENTRAL AVE.
ST. PETERSBURG FL 33707

Mailing Address

5156 CENTRAL AVE.
ST. PETERSBURG FL 33707-1833



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

510 Boca Ciega Isle Dr.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

St Petersburg, FL

Zip

33706

Country

Pinellas

City & State

Zip

Country

4. FEI Number

59-3574605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCATEE, CAROL
5156 CENTRAL AVE.
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

~~Mr Steve James~~ Steven A. James

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

510 Boca Ciega Isle Dr.

City

St Petersburg Beach

FL

Zip Code
33706

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

(NOTE: Registered Agent signature required when reinstating)

04-10-00

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, 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 Director ☐ Delete
NAME Steve A James
STREET ADDRESS 510 Boca Ciega Isle Dr.
CITY-ST-ZIP St Petersburg Beach, FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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

04-10-00

Date

727-360-5570
727-585-3133

Daytime Phone

CR2E034 (9/99)