

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000042558**

1. Entity Name  
**DESTINATION MARKETING, INC.**

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90024 039 \*\*\*150.00

Principal Place of Business 991 ARDEN STREET LONGWOOD FL 32750-6324	Mailing Address 991 ARDEN STREET LONGWOOD FL 32750-6324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>325 49th St. North</b>	3. Mailing Address <b>325 49th St. North</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ST PETERSBURG, FL.</b>	City & State <b>ST. PETERSBURG, FL.</b>	4. FEI Number <b>59-3575293</b>	Applied For Not Applicable
Zip <b>33710-8223</b>	Country <b>USA</b>	Zip <b>33710-8223</b>	Country <b>USA</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RANDEL, ALAN**  
**991 ARDEN STREET**  
**LONGWOOD FL 32750-6324**

7. Name and Address of New Registered Agent  
Name **ALAN RANDEL**  
Street Address (P.O. Box Number is Not Acceptable)  
**325 49th St. North**  
City **ST PETERSBURG** FL Zip Code **33710-8223**

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 *Alan Randel* DATE **3/14/00**  
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.  (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT, TREASURER</b> <input type="checkbox"/> Delete <b>ALAN RANDEL</b> <b>325 49th St. North</b> <b>ST. PETERSBURG, FL 33710-8223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VIC PRESIDENT, SECRETARY</b> <input type="checkbox"/> Delete <b>KATHLEEN A. RANDEL</b> <b>325 49th St. North</b> <b>ST. PETERSBURG, FL, 33710-8223</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Alan Randel* **ALAN RANDEL** DATE **3/14/00** DAYTIME PHONE # **(727) 322-8886**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)