

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000061503****1. Entity Name**
CONTROL YOUR DESTINY, INC.

Principal Place of Business 1117 SAXON BLVD. ORANGE CITY FL 32763	Mailing Address 1117 SAXON BLVD. ORANGE CITY FL 32763
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2. Principal Place of Business 285 STONER RD. Suite, Apt. #, etc.	3. Mailing Address 285 STONER RD. Suite, Apt. #, etc.
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City & State WINTER SPRINGS FL	City & State WINTER SPRINGS FL
Zip 32708	Country

4. FEI Number 91-1984542	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**DARLIN SALLY**
1117 SAXON BLVD.

ORANGE CITY FL 32763**7. Name and Address of New Registered Agent**

Name DARLIN SALLY
Street Address (P.O. Box Number is Not Acceptable) 285 STONER RD.
City WINTER SPRINGS FL Zip Code 32708

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 SALLY DARLIN**

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

(NOTE: Registered Agent signature required when reinstating)

04/29/2000

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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	PRES DARLIN SALLY 285 STONER RD. WINTER SPRINGS FL 32708	<input type="checkbox"/> Change <input checked="" 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: Sally Darlin****Pres: 04/29/2000**