

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90113 038 ***158.75

0676061
FP

DOCUMENT # P99000104410

1. Entity Name
DESTIN ASSET MANAGEMENT, INC.



Principal Place of Business
3921 E SCENIC HWY
30-A
SANTA ROSA BEACH FL 32459

Mailing Address
3921 E SCENIC HWY
30-A
SANTA ROSA BEACH FL 32459



2. Principal Place of Business

828 BAY CLIFFS RD
Suite, Apt., etc.
GULF BREEZE FL
City & State

3. Mailing Address

828 BAY CLIFFS RD
Suite, Apt., etc.
GULF BREEZE FL
City & State

☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip
32561

Country
USA

Zip
32561

Country
USA

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

6. Name and Address of Current Registered Agent

DUROURE, DAVID A
3921 E SCENIC HWY
30-A
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name **DAVID A. DUROURE**
Street Address (P.O. Box Number is Not Acceptable) **828 BAY CLIFFS Rd.**
City **GULF BREEZE** **FL** **Zip Code** **32561**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

4/8/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DUROURE, DAVID	
STREET ADDRESS	195 DURANGO NE # 5A	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUROURE, DAVID	
STREET ADDRESS	828 BAY CLIFFS Rd.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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**

Date **4/8/03** **Daytime Phone #** **(850) 830 0313**

CR2E034 (10/02)