

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90174 050 \*\*\*150.00

**DOCUMENT # P94000005633**

1. Entity Name  
**EQUITABLE RESOLUTIONS, INC.**

Principal Place of Business 1414 ROSE COURT MELBOURNE FL 32935	Mailing Address 1414 ROSE COURT MELBOURNE FL 32935-5733
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2. Principal Place of Business <b>355 BOCA CIEGA DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>355 BOCA CIEGA DRIVE</b> Suite, Apt. #, etc.
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City & State <b>MADEIRA BEACH, FLORIDA</b>	City & State <b>MADEIRA BEACH, FLORIDA</b>
Zip <b>33708</b>	Country <b>USA</b>

4. FEI Number **59-3233621** 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  
**LEVIN, PENNY A**  
**1414 ROSE COURT**  
**MELBOURNE FL 32935**

7. Name and Address of New Registered Agent  
 Name **LEVIN, PENNY A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**355 BOCA CIEGA DRIVE**  
 City **MADEIRA BEACH, FL** Zip Code **33708**

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 (NOTE: Registered Agent signature required when reinstating) DATE **4/25/00**

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>PSTD</b> <b>LEVIN, PENNY A</b> <b>1414 ROSE COURT</b> <b>MELBOURNE FL</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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>355 BOCA CIEGA DRIVE</b> <b>MADEIRA BEACH, FL 33708</b>
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
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

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 REQUIRED** DATE **4/25/00** Daytime Phone # **727/393-4436**

CF-1 (034 19/99)