

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000103355**

1. Entity Name

EQU-FUND, INC.**FILED****Jan 30, 2001 8:00 am**
Secretary of State

01-30-2001 90159 020 ***150.00

Principal Place of Business

**2022 SUNSET ROAD
MOUNT DORA FL 32757
US**

Mailing Address

**2022 SUNSET ROAD
MOUNT DORA FL 32757
US**

2. Principal Place of Business

37006 N. THRILL HILL RD.

Suite, Apt. #, etc.

3. Mailing Address

37006 N. THRILL HILL RD.

Suite, Apt. #, etc.

City & State

EUSTIS, FL

City & State

EUSTIS, FL

4. FEI Number

65-0716140

Applied For

Not Applicable

Zip

32736

Country

U.S.A.

Zip

32736

Country

U.S.A.5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BORESS, ALLAN
2022 SUNSET ROAD
MOUNT DORA FL 32757**

Name

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

City

FL

Zip Code

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

ALLAN BORESS, Pres.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/019. 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BORESS, ALLAN	2022 SUNSET ROAD	MOUNT DORA FL 32757	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	BORESS, ALLAN	37006 N. THRILL HILL ROAD	EUSTIS, FL 32736		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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"/> Delete

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

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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:

ALLAN BORESS, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/01 (352) 483-4790

Date

Daytime Phone #

CR2E034 (10/00)