## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 28, 2002 8:00 am<sup>3</sup>/<sub>2</sub> Secretary of State DOCUMENT # V15715 1. Entity Name 05-28-2002 91621 020 \*\*\*550.00 EQUUS SERVICE, INC. Principal Place of Business Mailing Address 3461 NW 16TH CT PO BOX 4874 OCALA FL 34475 OCALA FL 34478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3115266 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARNARD, DENNIS:L. Street Address (P.O. Box Number is Not Acceptable) 3461 NW 16TH CT OCALA FL 32675 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00\_ 9:-This corporation is eligible to satisfy its Intangible --\*10.\* Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After Máy 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition ☐ Delete TITLE Change NAME Bařnard, Dennis L. NAME STREET ADDRESS 3461 NW 16TH CT STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP TITLE ☐ Addition □ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete\_ TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

13. Thereby 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

CITY-ST-ZIP

SIGNATURE: 1

FILED