

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000002506**

1. Entity Name

EQUITY PLANNING SECURITIES CORP.

Principal Place of Business

Mailing Address

23210 CHAGRIN BLVD
STE 102
BEACHWOOD OH 44122
US23210 CHAGRIN BLVD
STE 102
BEACHWOOD OH 44122
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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
PTD
WEINGART, NED S
2491 MARBORO ROAD
CLEVELAND HTS OH ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KRANTZ, BYRON S
ONE CLEVELAND CENTER 1375 E 9TH STREET
CLEVELAND OH ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REINBERG, RICHARD D
2003 N OCEAN BLVD STE 1502
BOCA RATON FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
17480 SHELburnE ROAD
CLEVELAND HTS., OH 44118 ☒ Change ☐ Addition
Address onlyTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NED S. WEINGART

JAN. 8, 2001

216/595-0780

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90138 047 ***158.75

00007004



DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1091160**

Applied For

Not Applicable

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

0966948

CR2E034 (10/00)