

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90058 011 ***150.00

DOCUMENT # F95000001850

1. Entity Name

EQUIPRIME, INC.

Principal Place of Business

**211 SUMMIT PARKWAY
SUITE 108
BIRMINGHAM AL 35209
US**

Mailing Address

**211 SUMMIT PKWY
SUITE 108
BIRMINGHAM AL 35209
US**

2. Principal Place of Business

120 Oxmoor blvd

3. Mailing Address

120 Oxmoor blvd

Suite, Apt. #, etc.

Ste A.

Suite, Apt. #, etc.

Ste A

City & State

Birmingham AL

City & State

Birmingham AL

Zip

35209

Country

USA

Zip

35209

Country

USA

4. FEI Number

63-1134816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, SHAWN
600 UNIVERSITY OFFICE BLVD
STE 1-C
PENSACOLA FL 32504**

7. Name and Address of New Registered Agent

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

Shawn Nelson

1-9-2001

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 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 **D** ☒ Delete
NAME **KNIPP, WAYNE**
STREET ADDRESS **211 SUMMIT PKWY SUITE 108**
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CSD** ☐ Delete
NAME **WOLBACH, CHARLES G**
STREET ADDRESS **211 SUMMIT PKY SUITE 108**
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **POELLNITZ, ROBERT W JR**
STREET ADDRESS **211 SUMMIT PKY SUITE 108**
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP** ☐ Delete
NAME **COWLEY, HARRY**
STREET ADDRESS **1905 CARRAWAY ST.**
CITY-ST-ZIP **BIRMINGHAM AL 35235**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **VANDEGRIFT, GARY**
STREET ADDRESS **211 SUMMIT PKWY SUITE 108**
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 information.

SIGNATURE:

Gary VandeGrift

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2001 205 2713207

Date

Daytime Phone #

CR2E034 (10/00)