

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G29336

1. Entity Name

EQUINOX SYSTEMS INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90066 022 ***150.00

Principal Place of Business

Mailing Address

ONE EQUINOX WAY
SUNRISE FL 33351-6709
US

ONE EQUINOX WAY
SUNRISE FL 33351-6709
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2268442

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAMBRACKAS, WILLIAM A.
ONE EQUINOX WAY
SUNRISE FL 33351

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME THOMAS E GARRETT, SR
STREET ADDRESS 6010 VISTA LINDA LANE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VP ☒ Change ☐ Addition
NAME KACER, MARK
STREET ADDRESS 15504 SW 74 COURT
CITY-ST-ZIP MIAMI, FL 33157

TITLE VP ☐ Delete
NAME SOWELL, ROBERT S
STREET ADDRESS 10139 BROOKVILLE LANE
CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☒ Change ☐ Addition
NAME FELCYN, JAMES J., JR.
STREET ADDRESS 688 EDGEWATER DRIVE
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE VTSD ☐ Delete
NAME KACER, MARK
STREET ADDRESS 7420 SW 157 TERRACE
CITY-ST-ZIP MIAMI FL 33158

TITLE VPS ☒ Change ☐ Addition
NAME WILLIAMSON, ROBERT F.
STREET ADDRESS 1235 NE 96 STREET
CITY-ST-ZIP MIAMI SHORES, FL 33138

TITLE D ☐ Delete
NAME FELEYN, JAMES J JR
STREET ADDRESS 688 EDGEWATER DR
CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE D ☐ Change ☒ Addition
NAME REIL, CHARLES A.
STREET ADDRESS 44 OLMSTED GREEN
CITY-ST-ZIP BALTIMORE, MD 21210

TITLE D ☐ Delete
NAME WILLIAMSON, ROBERT F
STREET ADDRESS 1235 NE 96TH STREET
CITY-ST-ZIP MIAMI SHORES FL 21202

TITLE D ☐ Change ☒ Addition
NAME DAVIDSON, JAMES W.
STREET ADDRESS 6395 MITCHELL MANOR CIRCLE
CITY-ST-ZIP MIAMI, FL 33156

TITLE VP ☐ Delete
NAME GINTZ, ROBERT F
STREET ADDRESS 9721 NW 16TH ST
CITY-ST-ZIP PLANTATION FL 33322

TITLE P ☐ Change ☒ Addition
NAME DAMERACKAS, WILLIAM A.
STREET ADDRESS 3040 BIRKDALE
CITY-ST-ZIP WESTON, FL 33332

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 an other like empowered.

SIGNATURE:

Robert F. Williamson, Jr., Secretary 4/12/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 746-9000

CR2E034 (9/99)