

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90270 026 \*\*\*550.00

**DOCUMENT # G29336**

1. Entity Name  
**EQUINOX SYSTEMS INC.**

Principal Place of Business

**ONE EQUINOX WAY  
 SUNRISE FL 33351-6709  
 US**

Mailing Address

**ONE EQUINOX WAY  
 SUNRISE FL 33351-6709  
 US**

2. Principal Place of Business

3. Mailing Address

**4991 CORPORATE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CITY & STATE  
 HUNTSVILLE, AL 35805-6201**

4. FEI Number

**59-2268442**

Applied For

Not Applicable

Zip

Country

Zip

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DAMBRACKAS, WILLIAM A.  
 ONE EQUINOX WAY  
 SUNRISE FL 33351**

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

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

TITLE	VP	<input type="checkbox"/> Delete
NAME	KACER, MARK	
STREET ADDRESS	15504 SW 74TH CT	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELCYN, JAMES J JR.	
STREET ADDRESS	688 EDGEWATER DR.	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WILLIAMSON, ROBERT F	
STREET ADDRESS	1235 NE 96TH ST.	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELEYN, JAMES J JR	
STREET ADDRESS	688 EDGEWATER DR	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMSON, ROBERT F	
STREET ADDRESS	1235 NE 96TH STREET	
CITY-ST-ZIP	MIAMI SHORES FL 21202	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GINTZ, ROBERT F	
STREET ADDRESS	9721 NW 16TH ST	
CITY-ST-ZIP	PLANTATION FL 33322	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, STEPHEN F.	
STREET ADDRESS	4991 CORPORATE DRIVE	
CITY-ST-ZIP	HUNTSVILLE, AL 35805-6201	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHETT, DOUGLAS E.	
STREET ADDRESS	4991 CORPORATE DRIVE	
CITY-ST-ZIP	HUNTSVILLE, AL 35805-6201	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, BARRY L.	
STREET ADDRESS	9911 WILLOWS ROAD	
CITY-ST-ZIP	REDMOND, WA 98052	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, DOYLE C.	
STREET ADDRESS	4991 CORPORATE DRIVE	
CITY-ST-ZIP	HUNTSVILLE, AL 35805-6201	
TITLE	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARACINO, SAMUEL F.	
STREET ADDRESS	9911 WILLOWS ROAD	
CITY-ST-ZIP	REDMOND, WA 98052	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMBRACKAS, WILLIAM A.	
STREET ADDRESS	4991 CORPORATE DRIVE	
CITY-ST-ZIP	HUNTSVILLE, AL 35805-6201	

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:

*Douglas E. Pritchett*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS E. PRITCHETT

Date

8/28/01

Daytime Phone #

256-217-1300

CR2E034 (5/01)