

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98000002439**

1. Entity Name

**EQUALIZER POWER BOATS, LLC**

Principal Place of Business

Mailing Address

1340 STIRLING RD 4A & 4B  
DANIA FL 33004

1340 STIRLING RD 4A & 4B  
DANIA FL 33004

2. Principal Place of Business

3. Mailing Address

**2849 NE 24 PL.**  
Suite, Apt. #, etc.

**2849 NE 24 PL**  
Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL**

Zip **33305** Country **U-S-A**

City & State

**FT. LAUDERDALE, FL**

Zip **33305** Country **U-S-A**

4. FEI Number

**65-0874832**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EMO CORPORATE SERVICES, INC**  
**100 NE THIRD AVENUE, SUITE 1100**  
**FT LAUDERDALE FL 33301**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **MACHADO, COLIN HOWARD**  
STREET ADDRESS **1340 STIRLING RD 4A & 4B**  
CITY-ST-ZIP **DANIA FL 33004**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **MACHADO, COLIN HOWARD**  
STREET ADDRESS **2849 NE 24 PLACE**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33305**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
**000003810900--5**  
**-03/07/01--01105--014**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FEB 23, 2001, 954 232-3493**

Date

Daytime Phone #

FILED  
01 FEB 28 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)