

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008437

1. Entity Name
EQUITAC, LLC

Principal Place of Business
118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

Mailing Address
118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business
400 LAKESIDE DRIVE
Suite, Apt. #, etc.
SUITE 100, PENNSYLVANIA
City & State
HOBBSHAM, PA 19044
Zip
19044
Country
MONTGOMERY

3. Mailing Address
2158 WINTERMEAD POINTE DR.
Suite, Apt. #, etc.
City & State
WINTER GARDEN, FL
Zip
34787
Country
ORANGE

4. FEI Number
59-3612898

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
A. OBERHOLZER
Street Address (P.O. Box Number is Not Acceptable)
2158 WINTERMEAD POINTE DRIVE
City
WINTER GARDEN FL Zip Code
34787

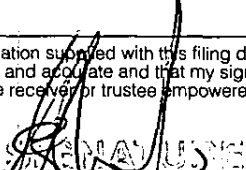
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  A. OBERHOLZER 4/21/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete MGR OBERHOLZER, ALUTUS C 118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MANAGER OBERHOLZER, ALUTUS C 2158 WINTERMEAD POINTE DRIVE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100004192001-05/10/01-01004-004 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  A. OBERHOLZER 4/21/2001 21/4/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

APPROVAL
AND
FILED

01 APR 26 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)