

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90695 020 \*\*\*\*50.00

0073403

**DOCUMENT # M02000001376**

1. Entity Name

**EQUITY REAL ESTATE SOLUTIONS, LLC**



Principal Place of Business

**290 BILMAS DRIVE  
PITTSBURGH PA 15205**

Mailing Address

**290 BILMAS DRIVE  
PITTSBURGH PA 15205**

2. Principal Place of Business

**290 Bilmar Drive**

3. Mailing Address

**290 Bilmar Drive**

Suite, Apt. #, etc.

**290 Bilmar Drive**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **75-3023060**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HUTCHISON, PHILLIP D JR  
1209 WEST 10TH STREET  
PANAMA CITY FL 32401**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>MGR</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>HVIZDAK, RICHARD C</b>   |                                 |
| STREET ADDRESS | <b>290 BILMAS DRIVE</b>     |                                 |
| CITY-ST-ZIP    | <b>PITTSBURGH PA 15205</b>  |                                 |
| TITLE          | <b>MGR</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>FORGAS, MICHAEL E</b>    |                                 |
| STREET ADDRESS | <b>290 BILMAS DRIVE</b>     |                                 |
| CITY-ST-ZIP    | <b>PITTSBURGH PA 15205</b>  |                                 |
| TITLE          | <b>MGR</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>FISHER, GREG</b>         |                                 |
| STREET ADDRESS | <b>400 LIPPINCOTT DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>MARLTON NJ 08053</b>     |                                 |
| TITLE          | <b>MGR</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>JENKINS, JAMES</b>       |                                 |
| STREET ADDRESS | <b>400 LIPPINCOTT DRIVE</b> |                                 |
| CITY-ST-ZIP    | <b>MARLTON NJ 08053</b>     |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE          |                             | <input type="checkbox"/> Delete |
| NAME           |                             |                                 |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

10. ADDITIONS/CHANGES

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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 RICHARD C. HVIZDAK**

**4/30/03 412-921-7400**

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

Date

Daytime Phone #

CR2E083 (10/02)