5/27

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State
05-27-2002 90487 019 ****61.25

DOCUMENT # N01000005220

38116

DO NOT WRITE IN THIS SPACE

1. Entity Name

EQUIPPERS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
6198 QUAIL RIDGE DR PORT ORANGE FL 32128	6198 QUAIL RIDGE DR PORT ORANGE FL 32128

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3740743 ~~N01000005220~~ ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, SUSAN J
5200 S US HWY 17-92
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name: Tony Duncan
Street Address (P.O. Box Number is Not Acceptable): 6198 Quail Ridge Dr
Port Orange Fl. 32128
City: FL Zip Code: 32128

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: Anthony J Duncan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUNCAN, ANTHONY J 6198 QUAIL RIDGE DR POIRT ORANGE FL 32128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUNCAN, Anthony J 6198 Quail Ridge Dr. PORT ORANGE, FL 32128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUNCAN, SHEILA G 6198 QUAIL RIDGE DR POIRT ORANGE FL 32128	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUNCAN, SHEILA G 6198 Quail Ridge Dr PORT ORANGE, FL 32128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ D GAGEL, ROXANN ~~6107 E 99RD ST SOUTH #1208~~ ~~TULSA OK~~ New address	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BELL, Elizabeth 132 Carolina Lake Dr #106 Daytona Beach, FL 32114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RIGHTHOUSE, PATTY ~~4983 SOUTH STATE RD 269~~ LEXINGTON IN 47138	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Waters, Shannon 2317 S. VOLUSIA AVE #40 Orange City, FL 32763	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OUTTEN, JAMAL 9900 GRASSLAND DR #8 LOUISVILLE KY 40229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gagel, Roxanne 1645 Dunlawton Ave #1121 PORT ORANGE, FL 32127	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTINEZ, MATHIAS 202 S GALT AVE LOUISVILLE KY 40206	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Duncan, Lee Ann 6198 Quail Ridge Dr PORT ORANGE, FL 32128	☐ Change ☒ Addition

CR2E037 (9/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony J Duncan 4-10-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #