

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90098 030 \*\*\*\*70.00

**DOCUMENT # N01000005220**

1. Entity Name

**EQUIPPERS INTERNATIONAL, INC.**



Principal Place of Business

**6198 QUAIL RIDGE DR  
PORT ORANGE FL 32128**

Mailing Address

**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**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNCAN, TONY  
6198 QUAIL RIDGE DRIVE  
PORT ORANGE FL 32128**

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **DUNCAN, ANTHONY J**  
STREET ADDRESS **6198 QUAIL RIDGE DR**  
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **DUNCAN, SHEILA G**  
STREET ADDRESS **6198 QUAIL RIDGE DR**  
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GAGEL, ROXANNE**  
STREET ADDRESS **1645 DUNLAWTON AVENUE #1121**  
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Gagel Roxanne**  
CITY-ST-ZIP **87 1/2 Riverside Dr. Ormond Beach, FL. 32176**

TITLE **SD** ☐ Delete  
NAME **BELL, ELIZABETH**  
STREET ADDRESS **132 CAROLINE LAKE DRIVE #106**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☒ Change ☐ Addition  
NAME **SD**  
STREET ADDRESS **Bell, Elizabeth**  
CITY-ST-ZIP **6255 Williamson Blvd. #1338 Port Orange, FL. 32128**

TITLE **D** ☐ Delete  
NAME **OUTTEN, JAMAL**  
STREET ADDRESS **9900 GRASSLAND DR #8**  
CITY-ST-ZIP **LOUISVILLE KY 40229**

TITLE ☒ Change ☐ Addition  
NAME **D**  
STREET ADDRESS **Outten, Jamal**  
CITY-ST-ZIP **6325 Williamson Blvd. #321 Port Orange, FL. 32128**

TITLE **TD** ☐ Delete  
NAME **WATERS, SHANNON**  
STREET ADDRESS **2317 S VOLUSIA AVENUE #40**  
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

4-11-03 38-788-6121

CR2E037 (10/02)