1/12/00-90079-043-$61.25-$61.25

DOCUMENT # N99000003858

1. Entity Name

EQUITHER, INC.

FILED

00 JAN 12 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1885 COUNTY RD 193 CLEARWATER FL 33759	1885 COUNTY RD 193 CLEARWATER FL 33759-1802

2. Principal Place of Business	3. Mailing Address
~~1885 County Rd 193~~	~~Same~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~Clearwater Fla~~	City & State
Zip: ~~33759~~ Country: ~~USA~~	Zip / Country

4. FEI Number: 59-3575625 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUBENDORGG, KIM A (incorrect spelling) 1885 COUNTY RD 193 CLEARWATER FL 33759	Name: Kim A. Dubendorff 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 _____ DATE

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

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	D DUBENDORFF, KIM 1885 COUNTY RD 193 CLEARWATER FL 33759	☐ Delete	P/T/D Dubendorff, Kim 1885 County Rd 193 Clearwater, Fla 33759	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUBENDORFF, JEFF 1885 COUNTY RD 193 CLEARWATER FL 33759	☐ Delete	V/D Jeff. Dubendorff 1885 County Rd 193 Clearwater, Fla 33759	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COX, SUSAN PO BOX 606 OZONA FL 34660	☐ Delete	S/D Cox, Susan PO Box 606 Ozona Fl 34660	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUGLAS, DONNA 13120 CIMMARRON CIR N LARGO FL 33774	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLLAR, STACI 8681 MANASCAS RD TAMPA FL 33635	☒ Delete	L.S.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, PAM 3160 MCMULLEN BOOTH RD CLEARWATER FL 33761	☒ Delete		☐ Change ☐ Addition

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: ~~Kim A Dubendorff~~ Kim A Dubendorff 1/4/00 727-723-8129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #