

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

4/

04-02-2003 90110 017 ****61.25

DOCUMENT # N99000003858

1. Entity Name
EQUITHER, INC.



Principal Place of Business
**1885 COUNTY RD 193
CLEARWATER FL 33759**

Mailing Address
**1885 COUNTY RD 193
CLEARWATER FL 33759**

2. Principal Place of Business
3030A Union St
Suite, Apt. #, etc.

3. Mailing Address
1 Harbor Pt Place
Suite, Apt. #, etc.

City & State
Clearwater, Florida
Zip
33759 Country
USA

City & State
Safety Harbor, FL
Zip
34695 Country
USA

4. FEI Number **59-3575625**

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

DUBENDORFF, KIM A
1885 COUNTY RD 193
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name
Kim Dubendorff-Conrad
Street Address (P.O. Box Number is Not Acceptable)
1 Harbor Pt Place
City
Safety Harbor FL Zip Code
34695

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 **X Kim Dubendorff-Conrad**
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

TITLE
PTD
NAME
DUBENDORFF, KIM ☐ Delete
STREET ADDRESS
1885 COUNTY RD 193
CITY-ST-ZIP
CLEARWATER FL 33759

TITLE
VD
NAME
DUBENDORFF, JEFF ☒ Delete
STREET ADDRESS
1885 COUNTY RD 193
CITY-ST-ZIP
CLEARWATER FL 33759

TITLE
SD
NAME
COX, SUSAN ☒ Delete
STREET ADDRESS
PO BOX 606
CITY-ST-ZIP
OZONA FL 34660

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
Director ☒ Change ☐ Addition
NAME
Kim Dubendorff-Conrad
STREET ADDRESS
1 Harbor Pt Place
CITY-ST-ZIP
Safety Harbor, FL 34695

TITLE
Chairman (Director) ☒ Change ☐ Addition
NAME
Joe Scala
STREET ADDRESS
1478 Rosetree Court
CITY-ST-ZIP
Tarpon Clearwater, FL 33764

TITLE
Secretary (Director) ☒ Change ☐ Addition
NAME
Caterina Bombardis
STREET ADDRESS
3049 Savannah Oaks Circle
CITY-ST-ZIP
Tarpon Springs, FL 34688

TITLE
Tonya Prophet (Director) ☒ Change ☐ Addition
NAME
1493 Sandy Lane
STREET ADDRESS
Clearwater, Fla 33755
CITY-ST-ZIP

TITLE
Margy Schomaker (Director) ☐ Change ☒ Addition
NAME
1807 EAST Dr.
STREET ADDRESS
Clearwater, Fla 33755
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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: **X Kim Dubendorff-Conrad**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)