

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026022

1. Entity Name

EQUIMARINE ASSOCIATES, INC.

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90048 033 \*\*\*150.00

Principal Place of Business

810 S.W. 80 ST.  
OCALA FL 34474

Mailing Address

810 S.W. 80 ST.  
OCALA FL 34474

716817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3645300

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SARANDES, ANTHONY A  
810 S.W. 80 ST.  
OCALA FL 34474

Name Randy Klein

Street Address (P.O. Box Number is Not Acceptable)

333 NW 3 Avenue

City Ocala, FL 34470 FL Zip Code 34470

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President / Director ☐ Delete  
NAME Anthony A. Sarandes  
STREET ADDRESS 810 SW 80 Street  
CITY-ST-ZIP Ocala, FL 34476

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

TITLE Vice President / Director ☐ Delete  
NAME James M. Schmidt  
STREET ADDRESS 810 SW 80 Street  
CITY-ST-ZIP Ocala, FL 34476

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

TITLE Vice President / Director ☐ Delete  
NAME Nicolas F. Trujillo  
STREET ADDRESS 810 SW 80 Street  
CITY-ST-ZIP Ocala, FL 34476

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

TITLE Secretary/Treasurer ☐ Delete  
NAME Charlotte Chambliss  
STREET ADDRESS 810 SW 80 Street  
CITY-ST-ZIP Ocala, FL 34476

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/03/01 352-237-1870

CR2E034 (10/00)