

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000057846

1. Entity Name

Equitherapies, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

14580 Grande Cay Circle

Suite, Apt. #, etc.  
#2505

City & State  
Fort Myers, Fla

Zip  
33908

Country  
USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

4. FEI Number

65-1021991

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name Deborah Londeau

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

14580 Grande Cay Circle 2505#

City Fort Myers

FL

Zip Code  
33908

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

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

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

8/22/02 (239)

437-5436

**FILED**  
Sep 17, 2002 8:00 am  
Secretary of State

09-17-2002 90087 033 \*\*\*150.00

note mail problem.  
Received this  
damaged 8/08/02 5466  
DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

# 02 UNIFORM BUSINESS REPORT (UBR)

Attachment

009797 AV

DOCUMENT #

P00000057846

125466

Received Damaged  
8/08/02 to  
incorrect address  
[REDACTED]

Name  
HERAPIES, INC.

Principal Place of Business  
6 OSPREY POINT DRIVE  
MYERS FL 33908

Mailing Address  
14746 OSPREY POINT DRIVE  
FT. MYERS FL 33908

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1021991

Applied For  
Not Applicable

Zip Country

Zip Country

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LONDEAU, DEBORAH  
14746 OSPREY POINT DRIVE  
FT. MYERS FL 33908

## 7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 D  
NAME LONDEAU, DEBORAH  
STREET ADDRESS 14746 OSPREY POINT DRIVE  
CITY-ST-ZIP FT. MYERS FL 33908 ☐ Delete

TITLE  
NAME Londeau, Deborah. ☒ Change ☐ Addition  
STREET ADDRESS 14580 Grande Cay Circle #2505  
CITY-ST-ZIP

TITLE D  
NAME SORENSON, DAVID  
STREET ADDRESS 14746 OSPREY POINT DRIVE  
CITY-ST-ZIP FT. MYERS FL 33908 ☐ Delete

TITLE  
NAME Sorenson, David ☒ Change ☐ Addition  
STREET ADDRESS 14580  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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] Londeau 8/22/02 (239)437-5436

CP2E034 (4/02)

Attachment

Page 1 of 1

# P00000057846  
125466

**From:** corphelp  
**To:** deblondeau@earthlink.net  
**Date:** 8/23/02 2:13:34 PM  
**Subject:** RE: Yearly Inc. fee

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If your corporation did not receive the uniform business report packet by mail from our office, please submit a letter that states this information when submitting a completed report. The corporation will not be charged the late fee if you follow these instructions.

Uniform business reports can be downloaded from our webpage at [www.sunbiz.org](http://www.sunbiz.org). Click on "Obtain Filing Forms." Select "Florida Corporations (Profit and NonProfit)" and then select "Profit Uniform Business Report/Annual Report" or "NonProfit Uniform Business Report/Annual Report."

Doug  
Internet Access

-----Original Message-----

**From:** Deborah Sorenson [mailto:deblondeau@earthlink.net]  
**Sent:** Friday, August 23, 2002 2:22 PM  
**To:** corphelp@mail.dos.state.fl.us  
**Subject:** Yearly Inc. fee

Hello! Last year my form arrived late and unfortunately has happened again. The company moved as of last August as well. The form I just received went to the old address and was damaged when I opened it. Please let me know how to send my payment of \$150.00 either over the Internet or should I send in the form with a change of address?

--- Deborah Londeau- Sorenson C.E.M.T., C.M.T  
President, Equitherapies Inc.  
Distributor, Power Of Nature Products  
--- [deblondeau@earthlink.net](mailto:deblondeau@earthlink.net)---