

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91178 033 \*\*\*150.00

0518152 AV

**DOCUMENT # P00000057846**

1. Entity Name  
**EQUITHERAPIES, INC.**



Principal Place of Business  
**14580 GRANDE CAY CIRCLE  
#2505  
FT. MYERS FL 33908**

Mailing Address  
**14580 GRANDE CAY CIRCLE  
#2505  
FT. MYERS FL 33908**



2. Principal Place of Business  
**12719 McGregor Blvd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**12719 McGregor Blvd.**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Ft. Myers - FL**  
Zip  
**33919** Country  
**USA**

City & State  
**Ft. Myers FL**  
Zip  
**33919** Country  
**USA**

4. FEI Number  
**65-1021991**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LONDEAU, DEBORAH  
14580 GRANDE CAY CIRCLE #2505  
FORT MYERS FL 33908**

**7. Name and Address of New Registered Agent**

Name  
**Deborah Sorenson (nee: Londeau)**  
Street Address (P.O. Box Number is Not Acceptable)  
**12719 McGregor Blvd.**  
City **Ft Myers** FL **33919**

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 *Deborah Sorenson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE  
**4/30/03.**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LONDEAU, DEBORAH 14580 GRANDE CAY CIRCLE #2505 FT. MYERS FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SORENSEN, DAVID 14580 OSPREY POINT DRIVE FT. MYERS FL 33908</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Deborah Sorenson 12719 McGregor Blvd. Ft. Myers FL 33919</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D David Sorenson 12719 McGregor Blvd. Ft. Myers, FL 33919</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:

*Deborah Sorenson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Deborah Sorenson**

DATE  
**4/30/03**

Date

Daytime Phone #

CR2E034 (10/02)