

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

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90056 006 ***150.00

DOCUMENT # *P01000030076*

1. Entity Name

EQUES CORP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1101 VERNA RD

Suite, Apt. #, etc.

3. Mailing Address

1101 VERNA RD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-1088544

Applied For

Not Applicable

Zip

34240-8806

Country

SARASOTA

Zip

34240-8806

Country

SARASOTA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT P. BROWN

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

1101 VERNA RD

City

SARASOTA

FL

Zip Code

34240-8806

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *P*
NAME *ROBERT P. BROWN*
STREET ADDRESS *1101 VERNA RD*
CITY-ST-ZIP *SARASOTA, FL 34240-8806*

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/03

941-366-8424

Daytime Phone #

CR2E034B (12/02)