

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

FILED

03 NOV 24 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000084073

1. Entry Name

EQLS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12654 WESTHAMPTON CIRCLE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELLINGTON, FLORIDA

City & State

4. FEI Number

37-1437741

Applied For

Not Applicable

Zip

33414

Country

PALM BEACH

Zip

Country

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

7. Name and Address of Current Registered Agent

Name ELVIN AILSTOCK

Street Address (P.O. Box Number is Not Acceptable)
12654 WESTHAMPTON CIRCLE

City WELLINGTON

FL

Zip Code

33414

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 |
|--------------------|----------------|--------------------------|---------------------------|
| DIRECTOR/PRESIDENT | ALVIN AILSTOCK | 12654 WESTHAMPTON CIRCLE | WELLINGTON, FLORIDA 33414 |

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

Date

Daytime Phone #

11-17-03 5616441811

CR2E0348 (12/02)



Enhanced Quality Landscaping Services, Inc

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern,

We have been informed, by our accountant, that the enclosed form should have been filed and the enclosed fee paid sometime in September.

We have never received any information from the state regarding this fact. This information came to our attention during a conversation with our accountant, and the enclosed copy of the form was sent to us by him, along with information as to the amount of the fee.

Please understand that we have no wish to side step our obligations as a corporation. We ask only that the State review its records and assure us that we will not be bypassed in the future.

We have not changed our address, phone number or fax number. We can also be contacted by email at: eqlsinc@bellsouth.net. Please advise me as to what we can do to be sure that we are added to your database so that this problem does not reoccur.

Respectfully,

Elvin Ailstock
President

12654 Westhampton Circle
Office: 561-792-3980

Wellington, FL 33414
Fax: 561-795-0294