

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000060149**

1. Entity Name

EQUACOST, INC.**FILED**
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90504 012 ***150.00

729539

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

220 E. MONUMENT AVE., STE E
KISSIMMEE FL 34741**P.O. BOX 770730**
ORLANDO FL 32877-0730

2. Principal Place of Business

3. Mailing Address

210 E. MONUMENT AVE.

Suite, Apt. #, etc.

SUITE C

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

Zip

34741

Country

U.S.A.

Zip

Country

4. FEI Number

59-3199972

Applied For

Not Applicable

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

MEDFORD, J M
2345 WHISPERING MAPLE DRIVE
ORLANDO FL 32837

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.

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	MEDFORD, J. M	2345 WHISPERING MAPLE DR.	ORLANDO FL				
VPST	MEDFORD, JOYCE	2345 WHISPERING MAPLE DR.	ORLANDO FL				
D	MEDFORD, JOYCE	2345 WHISPERING MAPLE DR.	ORLANDO FL				

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 #

03-08-01 407-518-0999

CR2E034 (10/00)