## 2000 UNIFORM BUSINESS REPORT (UBR)

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

## May 07, 2000 8:00 am Secretary of State DOCUMENT # P95000090782 05-07-2000 90007 028 \*\*\*150.00 EQUITY BUILDERS GROUP, INC. Principal Place of Business Mailing Address 4260 SE 20TH PLACE #703 SE 20TH PLACE #703 CAPE CORAL FL 33904-5432 CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business 139 EXECUTIVE CILLIE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 201 Applied For 4. FEI Number City & State City & State 65-0635539 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HAMMER, RICHARD 4260 SE 20TH PLACE #703 CAPE CORAL FL 33904 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST Change Addition TITLE TITLE Delete HAMMER, RICHARD NAME RAYMOND THYLOR CIRCLE # 201 NAME STREET ADDRESS STREET ADDRESS 4260 SE 20TH PLACE #703 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DeJete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**FILED**