

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090782

1. Entity Name  
**EQUITY BUILDERS GROUP, INC.**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90317 006 \*\*\*150.00

Principal Place of Business

**139 EXECUTIVE CIR  
201  
DAYTONA BEACH FL 32114**

Mailing Address

**P.O. BOX 291964  
PORT ORANGE FL 32129**

2. Principal Place of Business

**4260 SE 20th Place**

Suite, Apt. #, etc.

**703**

City & State

**Cape Coral, FL**

Zip

**33904**

Country

**USA**

3. Mailing Address

**4260 SE 20th Place**

Suite, Apt. #, etc.

**703**

City & State

**Cape Coral, FL**

Zip

**33904**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0635539**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TAYLER, RAYMOND  
139 EXECUTIVE CIR.  
#201  
DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent

Name

**Richard Hammer**

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

**4260 SE 20th Place #703**

City

**Cape Coral**

FL

Zip Code

**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

*Richard Hammer*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-4-01**

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete  
NAME **TALYOR, RAYMOND**  
STREET ADDRESS **139 EXECUTIVE CIR #201**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **Richard Hammer**  
STREET ADDRESS **4260 SE 20th Place, #703**  
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(c), 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:

*Richard Hammer* **Richard Hammer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-4-01**

Daytime Phone #

**941-945-7266**

CR2E034 (10/00)