

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018789

1. Entity Name  
EQUINETIME, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
8825 159TH COURT NORTH  
PALM BEACH, FL 33418

Gardens

Mailing Address  
8825 159TH COURT NORTH  
PALM BEACH, FL 33418

Gardens

2. Principal Place of Business  
8825 159th Court North

Suite, Apt. #, etc.  
Palm Beach Gardens, FL

City & State  
33418 USA

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0819319

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BEAN, BEVERLY  
8825 159TH COURT NORTH  
PALM BEACH, FL 33418

Gardens

7. Name and Address of New Registered Agent

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 \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BEAN, BEVERLY  
8825 159TH COURT NORTH  
PALM BEACH FL 33418

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
gardens

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

President 7/2/00

Date

561-575-4411

Daytime Phone #