

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077440

1. Entity Name

EQUAL SIX CORP.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90016 048 ***150.00

Principal Place of Business

Mailing Address

2057 TAFT ST.
HOLLYWOOD FL 33020
US

2057 TAFT ST.
HOLLYWOOD FL 33020-2724
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0864077

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

BOGGS, LESTER C
2057 TAFT ST.
HOLLYWOOD FL 33020

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME BOGGS, LESTER C
STREET ADDRESS 4190 S.W. 75TH CIRCLE EAST
CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ Delete

NAME HUTCHISON, LORA J
STREET ADDRESS 705 EAST GREEN LANE
CITY-ST-ZIP WOODSTOCK GA 30189

TITLE ☐ Delete

NAME THORNTON, DEBORAH K
STREET ADDRESS 4151 S.W. 75TH CIRCLE
CITY-ST-ZIP DAVIE FL 33314

TITLE ☐ Delete

NAME BOGGS, HAMILTON D
STREET ADDRESS 2301 LEE STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE ☐ Delete

NAME PAYNE, NANCY A
STREET ADDRESS P.S.C. 41 BOX 45
CITY-ST-ZIP APO AE 09464

TITLE ☐ Delete

NAME WILLIAMS, KIMBERLY S
STREET ADDRESS ROUTE 5B BOX 669
CITY-ST-ZIP HENDERSONVILLE NC 28792

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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 #

2/17/00

954-923-3440

CR2E034 (9/99)