

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008422

1. Entity Name
EQUIPMENT MASTERS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90214 030 ***150.00

Principal Place of Business

Mailing Address

305 DANE LANE, UNIT 109
LONGWOOD FL 32750

305 DANE LANE, UNIT 109
LONGWOOD FL 32750

2. Principal Place of Business

3. Mailing Address

305 Dane Lane

305 Dane Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 101 (New Address)

Unit 101 (New Address)

City & State

City & State

Longwood FL

Longwood FL

Zip
32750

Country

Zip
32750

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3571992

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

RAZZA, JUDI
879 N VOLUSIA AVE, SUITE B
ORANGE CITY FL 32763

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 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 D
STREET ADDRESS BURES, CARIG A
CITY-ST-ZIP 1590 MARGARET ST
DELAND FL 32720

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BURES, DEBRA L
CITY-ST-ZIP 1590 MARGARET ST
DELAND FL 32720

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(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:

Craig Bures **Craig Bures**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

Date

407-331-9040

Daytime Phone #

CR2E034 (10/00)