2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P99000049776

1. Entity Name

EQUIPMENT PLANNING SERVICES, INC.



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90108 036 ***150.00

Principal Place of Business 13216 MEADOWLARK LANE ORLANDO FL 32828 2. Principal Place of Business			13216	Mailing Address 13216 MEADOWLARK LANE ORLANDO FL 32828 3. Mailing Address				18 141 18 441 118 13 18 41	2007) (10010 0 11) (10	
			3. Ma							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			59-5580510		Applied For Not Applicat	ble
Zip		Country	Zip		Country	5. (Certificate of Status Desired	□ \$8.7	5 Additional	<u></u>
	6. Name a	nd Address of Currer	nt Register	ed Agent		7. N	lame and Address of New Re			
					Name					
MEYER, INEZ 13216 MEADOWLARK LANE				Street Add		ddress (P.O. Bo	ress (P.O. Box Number is Not Acceptable)			
	FL 32828	J 10 12								
					City			· FL Zi	Code	
	named entity s tions of register		for the purp	oose of changing its	registered office or	registered age	ent, or both, in the State of Flori	da. I am familiar	with, and accep	pt
SIGNATURE .	Signature, typed or	printed name of registered age	nt and title if app	olicable (NOTE	E: Registered Agent signati	ure required when rei	instating)	DATE		į
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of						Election Campaign Fina Trust Fund Contribution.	· -	\$5.00 May Be Added to Fees)	
10.		OFFICERS AN)RS	11.	ΔD	DITIONS/CHANGES TO OFFIC	SERS AND DIREC	TORS IN 11	\dashv
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12. 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 10 or Block 11 if changed, or on an attachment with an address. The all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRE

3-13-03

407-306-6177

Daytime Phone #