

2000 UNIFORM BUSINESS REPORT (UBR)

4/17/2000 09:06:11 032 ***150.00

DOCUMENT # P99000078702

1. Entity Name

EQUINEDIGITAL.COM, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

04-17-2000 90061 032 ***150.00

Principal Place of Business

Mailing Address

11863 WIMBELDON CIRCLE, #409
WELLINGTON FL 33414

11863 WIMBELDON CIRCLE, #409
WELLINGTON FL 33414-6050

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

65-0987145

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

MINTMIRE, DONALD F
11863 WIMBELDON CIRCLE, #409
WELLINGTON FL 33414

Name

David M. Zaniewski

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

11863 Wimbeldon Circle #409

City

Wellington

FL

Zip Code

33414

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.

David M. Zaniewski, President

(NOTE: Registered Agent signature required when reinstalling)

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 \$350.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

President + Director
David M. Zaniewski
11863 Wimbeldon Circle #409
Wellington, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

Secretary, Treasurer + Director
Felicia S. MacIntosh
238 Edgewood Dr.
West Palm Beach FL 33405

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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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:

David M. Zaniewski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-793-7088

Daytime Phone #