

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90377 050 ***150.00

0634207 AV

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1. Entity Name
EQUIPMENT ENTERPRISES, INC.



Principal Place of Business
**3727 PROSPECT AVE
NAPLES FL 34104**

Mailing Address
**C/O BORRO TAX ASSOCIATES
3940 RADIO RD STE 103
NAPLES FL 34104**



2. Principal Place of Business

3. Mailing Address

3727 Prospect Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Naples FL

4. FEI Number **65-0950496**

Applied For
Not Applicable

Zip

Country

Zip

Country

34104

USA

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

**RAVELO, ORLANDO JR.
3727 PROSPECT AVE
NAPLES FL 34104**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **RAVELO, ORLANDO JR**
STREET ADDRESS **5597 WENDY LANE**
CITY-ST-ZIP **NAPLES FL 34112**

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

TITLE **STD** ☐ Delete
NAME **MARTINEZ, GUILLERMO**
STREET ADDRESS **6460 GOLDEN GATE PKWY**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **PD STD** ☒ Change ☐ Addition
NAME **Guillermo Martinez**
STREET ADDRESS **6460 Golden Gate Pkwy**
CITY-ST-ZIP **NAPLES - FL 34105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: ☒ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

Date

Daytime Phone #

CP2E034 (10/02)