

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000097413**

1. Entity Name

JUDITH D. EQUELS CONSULTING SERVICES, INC.**FILED****May 09, 2000 8:00 am**
Secretary of State

05-09-2000 90091 023 ***150.00

Principal Place of Business

Mailing Address

**1436 MANDEL RD.
FT. MYERS FL 33919****1436 MANDEL RD.
FT. MYERS FL 33919-1013**

2. Principal Place of Business

108 Tobacco Sink Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 408
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Crawfordville FL

City & State

Woodville FL

4. FEL Number

65-0963834

Applied For

Not Applicable

Zip
32327Country
USAZip
32362Country
USA5. 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

**ASHBURN, DAVID C ESQ
SMITH & ASHBURN, P.A.
1330 THOMASVILLE RD.
TALLAHASSEE FL 32303**

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 State10. 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
**D
EQUELS, JUDITH D
1436 MANDEL RD.
FT. MYERS FL 33919** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EQUELS, Judith D.
P.O. Box 408
Woodville FL 32362** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUDITH D. EQUELS**4/27/00 8809261587**