

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000098578**

1. Entity Name **EQUI, INC.**

Principal Place of Business 19 E. Osceola St. Stuart, FL 34994	Mailing Address 19 E. Osceola St. Stuart, FL 34994
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FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90130 001 *****8.75
04-12-2000 90130 002 ***150.00

- **7428**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19 E. Osceola St. Suite, Apt. #, etc.		3. Mailing Address 19 E. Osceola St. Suite, Apt. #, etc.		4. FEI Number 65-0966165	Applied For <input type="checkbox"/> Not Applicable
City & State Stuart FL	City & State Stuart FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip 34994	Country USA	Zip 34994	Country USA		

6. Name and Address of Current Registered Agent Alison Marie Equi 19 E. Osceola St. Stuart, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 **AM Equi** **Owner/President** **3-24-00**
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input type="checkbox"/> Delete	TITLE Alison Marie Equi	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Alison Marie Equi		NAME 19 E. Osceola St.	
STREET ADDRESS Stuart, FL 34994		CITY-ST-ZIP	
TITLE Vice President / Secretary	<input type="checkbox"/> Delete	TITLE Joyce Equi	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Joyce Equi		NAME 2305 Du Pont Blvd.	
STREET ADDRESS Stuart, FL 34994		CITY-ST-ZIP	
TITLE Treasurer	<input type="checkbox"/> Delete	TITLE Marie Equi	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Marie Equi		NAME 437 Robbins Ave	
STREET ADDRESS Phila, Pa. 19111		CITY-ST-ZIP	
TITLE Board of Directors	<input type="checkbox"/> Delete	TITLE Bruce Equi	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Bruce Equi		NAME 2305 Du Pont Blvd	
STREET ADDRESS Stuart, FL 34994		CITY-ST-ZIP	
TITLE Board of Directors	<input type="checkbox"/> Delete	TITLE Jason Equi	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jason Equi		NAME 787 Brook Rd.	
STREET ADDRESS Glenview, Pa. 19010		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Alison Marie Equi** **AM Equi** **3-24-00** **(561) 286-2030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)