

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90025 028 ***158.75

0603095
 FP

DOCUMENT # P99000098578

1. Entity Name
EQUI, INC.

Principal Place of Business
**19 E OSCEOLA STREET
 STUART FL 34994**

Mailing Address
**19 E OSCEOLA STREET
 STUART FL 34994**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0966165

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EQUI, ALISON M
 19 E OSCEOLA STREET
 STUART FL 34994**

Name

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

City

FL

Zip Code

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, 2002 Fee will be \$550.00
 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 **P** ☐ Delete
 NAME **EQUI, ALLISON M**
 STREET ADDRESS **19 E. OSCEOLA ST**
 CITY-ST-ZIP **STUART FL 34994**

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

TITLE **VPS** ☐ Delete
 NAME **EQUI, JOYCE**
 STREET ADDRESS **2305 NW BRITT CT**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **VPS** ☒ Change ☐ Addition
 NAME **Joyce Equi**
 STREET ADDRESS **19 E. Osceola St.**
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **T** ☐ Delete
 NAME **EQUI, MARIE**
 STREET ADDRESS **437 ROBBINS AVE**
 CITY-ST-ZIP **PHILA FL 1911**

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

TITLE **BOD** ☐ Delete
 NAME **EQUI, BRUCE**
 STREET ADDRESS **2305 NW BRITT CT**
 CITY-ST-ZIP **STUART FL 34994**

TITLE **BOD** ☒ Change ☐ Addition
 NAME **Bruce C. Equi**
 STREET ADDRESS **19 E. Osceola St.**
 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **BOD** ☐ Delete
 NAME **EQUI, JASON**
 STREET ADDRESS **F87 BROOK RD**
 CITY-ST-ZIP **MORTON PA 19070**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Am Equi
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)