## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1500000306

Entity Name: EQUIPT, INC.

Feb 07, 2025 **Secretary of State** 7449343919CC

**FILED** 

## **Current Principal Place of Business:**

19601 BEN HILL GRIFFIN PARKWAY

FORT MYERS. FL 33913

## **Current Mailing Address:**

PO BOX 1269

ESTERO, FL 33929 US

FEI Number: 46-5221337 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

BALCERZAK, LISA 19601 BEN HILL GRIFFIN PARKWAY FORT MYERS, FL 33913 US

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: LISA BALCERZAK 02/07/2025

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title PRESIDENT, DIRECTOR

JOHNSON, NATHAN Name BALCERZAK, KYLE Name

Address 19601 BEN HILL GRIFFIN PARKWAY Address 19601 BEN HILL GRIFFIN PARKWAY

City-State-Zip: FORT MYERS FL 33913 FORT MYERS FL 33913 City-State-Zip:

Title VP, SECRETARY, DIRECTOR Title DIRECTOR

Name JOHNSON, STEPHEN Name STINZIANO, JAMIN

Address 19601 BEN HILL GRIFFIN PARKWAY Address 19601 BEN HILL GRIFFIN PARKWAY

FORT MYERS FL 33913 City-State-Zip: City-State-Zip: FORT MYERS FL 33913

Title **TREASURER** Title **DIRECTOR** 

Name BALCERZAK, LISA Name TIBBETTS. MICHAEL

Address 19601 BEN HILL GRIFFIN PARKWAY 19601 BEN HILL GRIFFIN PARKWAY Address

City-State-Zip: FORT MYERS FL 33913 City-State-Zip: FORT MYERS FL 33913

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LISA BALCERZAK

DIRECTOR OF **OPERATIONS** 

02/07/2025

Date