

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2003 8:00 am
Secretary of State

06-25-2003 90074 035 ***150.00

UNIFORM UBR

DOCUMENT # **M80963**

1. Entity Name
EQUIDEBT CAPITAL CORPORATION



Principal Place of Business
C/O THOMAS R. OLSEN, PA
2518 EDGEWATER DRIVE
ORLANDO FL 32804

Mailing Address
C/O THOMAS R. OLSEN, PA
2518 EDGEWATER DRIVE
ORLANDO FL 32804



2. Principal Place of Business
Robert W. Olsen, Jr.
Suite, Apt. #, etc.
961 Camelot Rd.

3. Mailing Address
Robert W. Olsen, Jr.
Suite, Apt. #, etc.
961 Camelot Rd.

CHECK HERE IF MAKING CHANGES

City & State
Maitland

City & State
Maitland

4. FEI Number **59-2893321**

Applied For
 Not Applicable

Zip **32750** Country **Orange**

Zip **32751** Country **Orange**

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

**OLSEN, THOMAS R PA
961 CAMELOT RD
MAITLAND FL 32751**

Name **Robert W. Olsen, Jr.**
Street Address (P.O. Box Number is Not Acceptable)
961 Camelot Rd.
City **Maitland** **FL** Zip Code **32751**

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 **Robert W. Olsen, Jr.** *[Signature]* **6/23/03**
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete OLSEN, ROBERT W JR. 961 CAMELOT RD MAITLAND FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Robert W. Olsen, Jr.** *[Signature]* **6/23/03** **407/539-1600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)