

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049876

FILED
Feb 17, 2011
Secretary of State

Entity Name: EQUILEASE AT UNIVERSITY, INC.

Current Principal Place of Business:

699 HAWKS TRACE DR
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

699 HAWKS TRACE DR
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 52-2448904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURPHY, LORRAINE B
699 HAWKS TRACE DR
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MURPHY, THOMAS F JR
Address: 699 HAWKS TRACE DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP,S
Name: MOWRY, TOM
Address: 5307 NW 91ST BLVD
City-St-Zip: GAINESVILLE, FL 32653

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS F MURPHY JR

P

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date