

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000041244

FILED  
Mar 25, 2002 8:00 AM  
Secretary of State

Entity Name: EQUILEASE AT CREEKSIDE, INC.

## Current Principal Place of Business:

3501 SW 2ND AVENUE  
GAINESVILLE, FL 32607

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 147050  
PMB 520  
GAINESVILLE, FL 326147050

## New Mailing Address:

FEI Number: 59-3511724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MURPHY, LORRAINE B  
5307 NW 91ST BLVD.  
GAINESVILLE, FL 32653 US

## Name and Address of New Registered Agent:

MURPHY, LORRAINE B  
699 HAWKS TRACE DRIVE  
JACKSONVILLE, FL 32225 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/25/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MURPHY, LORRAINE B  
Address: 5307 NW 91 BLVD  
City-St-Zip: GAINESVILLE, FL 32653

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MURPHY, LORRAINE B  
Address: 699 HAWKS TRACE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ST ( ) Change (X) Addition  
Name: MOWRY, TOM  
Address: 5307 NW 91 BLVD  
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LORRAINE B MURPHY

Electronic Signature of Signing Officer or Director

P

03/25/2002

Date