

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90567 047 ***158.75

DOCUMENT # P98000052477
1. Entity Name Equity Concepts, Inc.

759103

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6900 Phillips Industrial Blvd.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

Zip
32256

Country
DUVAL

Zip
Country

4. FEI Number
65-08045751

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name Jeffrey L. Spadafora

Street Address (P.O. Box Number is Not Acceptable)
6900 Phillips Industrial Blvd

City Jacksonville State FL Zip Code 32256

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.

SIGNATURE Jeffrey L. Spadafora DATE 4/01/02

Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President/Treasurer</u> <u>Vance A. Yarter</u> <u>21708 Hardy Oak, #100</u> <u>SAN ANTONIO, TX 78258</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Jeffrey L. Spadafora</u> <u>6900 Phillips Industrial Blvd.</u> <u>JACKSONVILLE, FL 32256</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President/Secretary</u> <u>Wayne E. Detmar</u> <u>21708 Hardy Oak, #100</u> <u>SAN ANTONIO, TX 78258</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey L. Spadafora DATE 4/01/02 DAYTIME PHONE # 904-880-6066

SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034B (12/01)