

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000079702

FILED
Mar 30, 2003
Secretary of State

Entity Name: EQUILEASE AT ARCHER, INC.

Current Principal Place of Business:

3200 SW ARCHER RD.
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

P O BOX 147050
PMB 520
GAINESVILLE, FL 326147050

New Mailing Address:

699 HAWKS TRACE DR
JACKSONVILLE, FL 32225

FEI Number: 59-3531258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MURPHY, THOMAS F JR.
699 HAWKS TRACE DRIVE
JACKSONVILLE, FL 32225

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

Title: ST () Delete
Name: MURPHY, LORRAINE B
Address: 699 HAWKS TRACE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

ST

03/30/2003

Electronic Signature of Signing Officer or Director

_____ Date