

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90952 001 \*\*\*300.00

0514927 AV

**DOCUMENT # S41415**



1. Entity Name  
**EQUITYCORP HOLDINGS, INC.**

Principal Place of Business  
**% RUSSELL A. WHITNEY  
4818 CORONADO PKWY.  
CAPE CORAL FL 33904**

Mailing Address  
**% RUSSELL A. WHITNEY  
4818 CORONADO PKWY.  
CAPE CORAL FL 33904**



2. Principal Place of Business  
**1612 E Cape Coral Pkwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**1612 E. Cape Coral Pkwy**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Cape Coral, FL**  
Zip  
**33904**  
Country  
**US**

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**Cape Coral, FL**  
Zip  
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Country  
**U.S.**

4. FEI Number **65-0253282**  
Applied For  
 Not Applicable

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

**WHITNEY, RUSSELL A.  
4818 CORONADO PKWY.  
CAPE CORAL FL 33904**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD KANE, JOHN 4818 CORONADO PKWY. CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST WHITNEY, RUSSELL A 4818 CORONADO PKWY CAPE CORAL FL 33904</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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:** *[Signature]* **SIGNATURE REQUIRED** **4/3/03** **239.542.0643**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)