## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 05, 2000 8:00 am Secretary of State **DOCUMENT # S67192** EQUITY FIRST PROPERTY MANAGEMENT INC. 05-05-2000 90045 040 \*\*\*150.00 Mailing Address Principal Place of Business 9505 INGEBORG COURT 9505 INGEBORG COURT WINDERMERE FL 34786-8200 WINDERMERE FL 34786 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3085916 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEDUC, J. ROLAND Street Address (P.O. Box Number is Not Acceptable) 9505 INGEBORG COURT WINDERMERE FL 34786 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE LEDUC, J. ROLAND NAME NAME STREET ADDRESS STREET ADDRESS 9505 INGEBORG COURT CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 ☐ Addition Change □ Delete TITLE LEDUC, INGEBORG NAME NAME STREET ADDRESS 9505 INGEBORG COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 ☐ Change ☐ Addition ☐ Delete TITI F TITLE GAUTHIER, LINDA NAME NAME STREET ADDRESS 304 TREASURE BOAT WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SIESTA KEY FL 34242 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2010 407-298-2043

Daytime Phone #