

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90037 017 \*\*\*150.00

<b>DOCUMENT # S86088</b> 1. Entity Name <b>EQUIFUND FINANCIAL MORTGAGE &amp; INVESTMENT CORP.</b>			
Principal Place of Business <b>4415 FLORIDA NATIONAL DRIVE, #111          LAKELAND FL 33813-1568          US</b>		Mailing Address <b>6310 FORESTWOOD DRIVE, EAST          LAKELAND FL 33811</b>	
2. Principal Place of Business <b>6310 Forestwood Dr E.</b> Suite, Apt. #, etc. <b>Lakeland</b> City & State <b>Florida</b> Zip <b>33811</b>		3. Mailing Address <b>P.O BOX 5971</b> Suite, Apt. #, etc.  City & State <b>Lakeland, FL</b> Zip <b>33807</b>	
4. FEI Number <b>59-3082711</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PAULITZKY, DOREEN          6310 FORESTWOOD DRIVE, EAST          LAKELAND FL 33811</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <b>04/24/01</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b>		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PAULITZKY, DOREEN</b> <b>6310 FORESTWOOD DRIVE, E</b> <b>LAKELAND FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date <b>04/24/01</b> Daytime Phone #	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)