

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049876

Entity Name: EQUILEASE AT UNIVERSITY, INC.

Current Principal Place of Business:

699 HAWKS TRACE DR
JACKSONVILLE, FL 32225

Current Mailing Address:

699 HAWKS TRACE DR
JACKSONVILLE, FL 32225

FEI Number: 52-2448904

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURPHY, LORRAINE B
699 HAWKS TRACE DR
JACKSONVILLE, FL 32225 US

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

Officer/Director Detail :

Title P
Name MURPHY, THOMAS FJR
Address 699 HAWKS TRACE DR
City-State-Zip: JACKSONVILLE FL 32225

Title VP,S
Name MOWRY, TOM
Address 5307 NW 91ST BLVD
City-State-Zip: GAINESVILLE FL 32653

I hereby 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 all other like empowered.

SIGNATURE: THOMAS F MURPHY

PRESIDENT

03/12/2017

Electronic Signature of Signing Officer/Director Detail

Date