

**2015 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 MURPHY

**PRESIDENT**

**04/10/2015**

Electronic Signature of Signing Officer/Director Detail

Date