

2002 UNIFORM BUSINESS REPORT (UBR)

05/4683 AT

DOCUMENT # **F00000005723**

1. Entity Name
EQUITY ONE FINANCIAL SERVICES COMPANY

FILED

02 APR 23 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**400 LIPPINCOTT DR
MARLTON NJ 08053**

Mailing Address

**400 LIPPINCOTT DR
MARLTON NJ 08053**

2. Principal Place of Business

301 Lippincott Drive
Suite, Apt. #, etc.

3. Mailing Address

301 Lippincott Drive
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Marlton, NJ

City & State
Marlton, NJ

4. FEI Number
36-3618185

Applied For
 Not Applicable

Zip
08053 Country
USA

Zip
08053 Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

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SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

******450.00E ****150.00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLIAMS, CAMERON E	
STREET ADDRESS	400 LIPPINCOTT DR	
CITY-ST-ZIP	MARLTON NJ 08053	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENKINS, JAMES H	
STREET ADDRESS	400 LIPPINCOTT DR	
CITY-ST-ZIP	MARLTON NJ 08053	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTELLA, JOHN N	
STREET ADDRESS	400 LIPPINCOTT DR	
CITY-ST-ZIP	MARLTON NJ 08053	
TITLE	V	<input type="checkbox"/> Delete
NAME	FISHER, GREGORY	
STREET ADDRESS	400 LIPPINCOTT DR	
CITY-ST-ZIP	MARLTON NJ 08053	
TITLE	V	<input type="checkbox"/> Delete
NAME	EMBRY, H. BURTON	
STREET ADDRESS	400 LIPPINCOTT DR	
CITY-ST-ZIP	MARLTON NJ 08053	
TITLE	AVAS	<input type="checkbox"/> Delete
NAME	DUNBAR, KIMBERLY	
STREET ADDRESS	400 LIPPINCOTT DR	
CITY-ST-ZIP	MARLTON NJ 08053	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	301 Lippincott Drive	
CITY-ST-ZIP	Marlton, NJ 08053	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	301 Lippincott Drive	
CITY-ST-ZIP	Marlton, NJ 08053	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	301 Lippincott Drive	
CITY-ST-ZIP	Marlton, NJ 08053	

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

Date

Daytime Phone #

Kim Dunbar
KIM DUNBAR

4/12/02 (850) 396-3621

CR2E034 (9/01)