

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2004 8:00 am**  
**Secretary of State**

01-09-2004 90068 040 \*\*\*150.00

**DOCUMENT # F03000002548**

1. Entity Name  
**UNION EQUITY CORPORATION**



Principal Place of Business  
**7164 GRAHAM RD STE. 140  
INDIANAPOLIS, IN 46250**

Mailing Address  
**7164 GRAHAM RD STE. 140  
INDIANAPOLIS, IN 46250**

**24000411**



2. Principal Place of Business  
**2700 West Cypress Creek Rd.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite A-105**

Suite, Apt. #, etc.

City & State  
**Ft. Lauderdale, FL**

City & State

Zip  
**33309** Country  
**USA**

Zip Country

01052004 Chg-P CR2E034 (10/03)

4. FEI Number  
**35-2117065** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**WEEKS, CARLISLE L  
2862 N.W. 108TH AV  
SUNRISE, FL 33322**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New-Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CP  
WEEKS, MARKHAM T  
7164 GRAHAM RD STE. 140  
INDIANAPOLIS, IN 46250** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPVC  
DUKE, ALAN R  
7164 GRAHAM RD STE. 140  
INDIANAPOLIS, IN 46250** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MARKHAM T. WEEKS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/04**  
Date

**317-842-7673**  
Daytime Phone #