

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 91160 022 ***150.00

DOCUMENT # F94000005737

1. Entity Name

MOREQUITY, INC.

Principal Place of Business

**601 N.W. SECOND ST.
EVANSVILLE IN 47708**

Mailing Address

**601 N.W. SECOND ST.
EVANSVILLE IN 47708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0259079**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PDC			
	GEISSINER, FREDERICK W			
	601 N.W. SECOND ST.			
	EVANSVILLE IN			
	V			<input checked="" type="checkbox"/> Delete
	HANLEY, PHILIP M			
	601 N.W. SECOND ST.			
	EVANSVILLE IN			
	VS			<input checked="" type="checkbox"/> Delete
	DIGIACOMO, RON			
	601 NW 2ND ST			
	EVANSVILLE IN 47708			
	V			<input type="checkbox"/> Delete
	HENDRIX, BENNIE D			
	601 N.W. SECOND ST.			
	EVANSVILLE IN 47708			
	VD			<input type="checkbox"/> Delete
	COLE, ROBERT A			
	601 NW 2ND ST			
	EVANSVILLE IN 47708			
	T			<input checked="" type="checkbox"/> Delete
	BINYON, BRYAN A			
	601 NW 2ND ST			
	EVANSVILLE IN 47708			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D V			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	James I. Manley			
	601 NW 2nd St.			
	Evansville, IN 47708			
	SV-S GC			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Timothy M. Hayes			
	601 NW 2nd St.			
	Evansville, IN 47708			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	V CFO T			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Donald R. Breivogel, Jr.			
	601 NW 2nd St.			
	Evansville, IN 47708			

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

Timothy M. Hayes**4/19/01**

Date

Daytime Phone #

812-468-5059

CR2E034 (10/00)