

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

0025244

DOCUMENT # L01000014146

1. Entity Name

EQUITY FIRST MORTGAGE, LLC

01-31-2002 90031 013 *****50.00

Principal Place of Business

**776 GRAND PARKE DR
 JACKSONVILLE FL 32259**

Mailing Address

**776 GRAND PARKE DR
 JACKSONVILLE FL 32259**

2. Principal Place of Business

3. Mailing Address

450-106 State Rd 13N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#312

City & State

City & State

Jacksonville, FL 32259

Zip

Country

Zip

Country

32259

St. Johns

4. FEI Number

59-3737873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDON, PRISCILLA J
 776 GRAND PARKE DR
 JACKSONVILLE FL 32259**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **m6rm** ☐ Change ☒ Addition
 NAME **Priscilla J. Condon**
 STREET ADDRESS **776 Grand Parke Dr.**
 CITY-ST-ZIP **Jacksonville, FL 32259**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **m6rm** ☐ Change ☒ Addition
 NAME **Monica Agate**
 STREET ADDRESS **1240 Lake Parke Dr.**
 CITY-ST-ZIP **Jacksonville, FL 32259**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **m6rm** ☐ Change ☒ Addition
 NAME **Jacquelyn C. Agate**
 STREET ADDRESS **371 Rector Blvd**
 CITY-ST-ZIP **Ponte Vedra, FL 32082**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Priscilla J. Condon

1/23/02

904-287-4212

CR12E083 (9/01)