

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED

Feb 22, 2001 8:00 am
Secretary of State

01-31-2001 90298 040 ***150.00

DOCUMENT # P00000030634

1. Entity Name
EDUEQUITY, INC.

Principal Place of Business
8695 COLLEGE PKWY., STE. 225
FT. MYERS FL 33919

Mailing Address
8695 COLLEGE PKWY., STE. 225
FT. MYERS FL 33919

62093



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7980 Summerlin Lakes DR
Suite, Apt. #, etc.
#201

3. Mailing Address
7980 Summerlin Lakes DR
Suite, Apt. #, etc.
#201

City & State
Ft. Myers

City & State
Ft. Myers, FL

4. FEI Number
65-0993353

Applied For
Not Applicable

Zip
33907

Country
USA

Zip
33907

Country
USA

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

6. Name and Address of Current Registered Agent

LAW OFFICES OF MARY V. PALUMBO, P.A.
8695 COLLEGE PKWY., STE. 225
FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name
Law Offices of Mary V. Palumbo, P.A.
Street Address (P.O. Box Number is Not Acceptable)
7980 Summerlin Lakes DR
Suite 2000
City
Ft. Myers FL Zip Code
33907

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.

SIGNATURE: *Mary Palumbo as President of Law Offices of Mary V. Palumbo*
(NOTE: Registered Agent signature required when reinstating)

DATE: 1/3/01

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 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 NAME STREET ADDRESS CITY-ST-ZIP	D HALL, LEONARD W. 11109 HARBOR ESTATES CIR. FT. MYERS FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, WALTER L EDD 6 ORCHARD PL HARRISONVILLE MO 64701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, ADAM L 414 E 7TH ST., APT. 2D NEW YORK NY 10021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13271 Perbel Circle #1613 Ft. Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D JANET WEST 8880 Stagbark Way Ft. Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leonard W Hall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2001 941 481-2155
Date Daytime Phone #

CR2E034 (10/00)