

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90047 036 ***150.00

DOCUMENT # P00000030634

1. Entity Name
EDUEQUITY, INC.

Principal Place of Business
7980 SUMMERLIN LAKES DR
201
FORT MYERS FL 33907

Mailing Address
7980 SUMMERLIN LAKES DR
201
FORT MYERS FL 33907

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

65-0993353

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

LAW OFFICES OF MARY PALUMBO, P.A.
7980 SUMMERLIN LAKES DR
FORT MYERS FL 33907

Name
JAMES LARRY NICNOLS, PA.
Street Address (P.O. Box Number is Not Acceptable)
8191 College Pkwy # 204
City
Fort Myers **FL** **Zip Code**
33919

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, 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
D ☐ Delete
NAME
HALL, LEONARD W
STREET ADDRESS
11109 HARBOR ESTATES CIR.
CITY-ST-ZIP
FT. MYERS FL 33908

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

TITLE ☒ Delete
NAME
D SWANSON, WALTER L EDD
STREET ADDRESS
6 ORCHARD PL.
CITY-ST-ZIP
HARRISONVILLE MO 64701

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

TITLE ☐ Delete
NAME
D HALL, ADAM L.
STREET ADDRESS
13271 CORBEL CIRCLE #1613
CITY-ST-ZIP
FORT MYERS FL 33907

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
12498 Riverside DR #106
Ft. Myers, FL 33919

TITLE ☐ Delete
NAME
D WEST, JANET
STREET ADDRESS
8880 STAGHERN WAY
CITY-ST-ZIP
FORT MYERS FL 33908

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
10236 Pond Ridge DR
Ft. Myers, FL 33913

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
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E034 (9/01)