

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90341 040 \*\*\*150.00

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DOCUMENT # P00000030634

1. Entity Name  
EDUEQUITY, INC.



Principal Place of Business  
~~7900 SUMMERLIN LAKES DR~~  
~~201~~  
~~FORT MYERS FL 33907~~

Mailing Address  
~~7900 SUMMERLIN LAKES DR~~  
~~201~~  
~~FORT MYERS FL 33907~~

2. Principal Place of Business  
8359 BEACON BLVD

3. Mailing Address  
8359 BEACON BLVD

Suite, Apt. #, etc.  
STE 305

Suite, Apt. #, etc.  
STE 305

City & State  
FORT MYERS FL

City & State  
FORT MYER FL

Zip  
33907

Country  
LEE

Zip  
33907

Country  
LEE

4. FEI Number 65-0993353

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MICHEL, JAMES L PA~~  
~~8191 COLLEGE PKWY 204~~  
~~FORT MYERS FL 33907~~

Name  
HALL, LEONARD  
Street Address (P.O. Box Number is Not Acceptable)  
8359 BEACON BLVD  
STE 305  
City  
FORT MYERS FL Zip Code  
33907

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 *Leonard W Hall*

3/3/03

(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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
8359 BEACON BLVD STE 305 ☒ Change ☐ Addition  
STREET ADDRESS  
FORT MYERS FL 33907  
CITY-ST-ZIP

TITLE  
NAME  
D HALL, ADAM L ☐ Delete  
STREET ADDRESS  
12478 RIVERSIDE DR #106  
CITY-ST-ZIP  
FORT MYERS FL 33919

TITLE  
NAME  
8359 BEACON BLVD STE 305 ☒ Change ☐ Addition  
STREET ADDRESS  
FORT MYERS FL 33907  
CITY-ST-ZIP

TITLE  
NAME  
D WEST, JANET ☐ Delete  
STREET ADDRESS  
10036 POND RIDGE DR  
CITY-ST-ZIP  
FORT MYERS FL 33913

TITLE  
NAME  
8359 BEACON BLVD STE 305 ☒ Change ☐ Addition  
STREET ADDRESS  
FORT MYERS FL 33907  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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: *Leonard W Hall*

3/3/03

239 482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)