

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90219 025 ***150.00

0437605

DOCUMENT # P00000072546
1. Entity Name EQUITY PLUS MORTGAGE CORPORATION

Principal Place of Business 901 SW MARTIN DOWNS BLVD., STE. 317 PALM CITY FL 34990	Mailing Address 901 SW MARTIN DOWNS BLVD., STE. 317 PALM CITY FL 34990
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2. Principal Place of Business 1151 SW 30th STREET	3. Mailing Address P O Box 358
Suite, Apt. #, etc. F	Suite, Apt. #, etc.

City & State Palm City FL.	City & State Palm City FL
Zip 34990	Zip 34991
Country MARTIN	Country MARTIN



DO NOT WRITE IN THIS SPACE

4. FEI Number 59 3662998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, JOYCE 901 SW MARTIN DOWNS BLVD., STE. 317 PALM CITY FL 34990	7. Name and Address of New Registered Agent Name WILSON, JOYCE Street Address (P.O. Box Number is Not Acceptable) 1151 SW 30th ST. City Palm City FL Zip Code 34990
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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]* (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Person Change Address	<input type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Joyce Wilson		NAME Joyce Wilson	
STREET ADDRESS 901 SW Martin Downs Blvd		STREET ADDRESS 1151 SW 30th ST	
CITY-ST-ZIP Palm City FL 34990		CITY-ST-ZIP Palm City FL 34990	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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]* **3-23-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)