

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000008655**

1. Entity Name
EQUITY GROWTH & MANAGEMENT CORPORATION

Principal Place of Business
**5400 CARTER ROAD
LAKE MARY FL 32746**

Mailing Address
**5400 CARTER ROAD
LAKE MARY FL 32746**

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 **59-3694846** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent

**LOE, BRIAN R
3074 WEST LAKE MARY BLVD., #136
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

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

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	NAME	TITLE	NAME
OFFICER	D WAITE, THOMAS E 5400 CARTER TRAIL LAKE MARY FL 32746	<input type="checkbox"/> Delete	OFFICER
OFFICER	D WAITE, NOREEN 5400 CARTER TRAIL LAKE MARY FL 32746	<input checked="" type="checkbox"/> Delete	OFFICER
OFFICER		<input type="checkbox"/> Delete	OFFICER
OFFICER		<input type="checkbox"/> Delete	OFFICER
OFFICER		<input type="checkbox"/> Delete	OFFICER
OFFICER		<input type="checkbox"/> Delete	OFFICER
OFFICER		<input type="checkbox"/> Delete	OFFICER

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

Thomas E. Waite

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR