

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-10-2003 90392 036 ***150.00

DOCUMENT # P02000055029

1. Entity Name
EQUITY SAVERS, INC.



Principal Place of Business
2771-29 MONUMENT RD NUM 201
JACKSONVILLE FL 32225

Mailing Address
2771-29 MONUMENT RD NUM 201
JACKSONVILLE FL 32225

2. Principal Place of Business

8584 Arlington Expressway
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32211

Country

U.S.A.

Zip

32211

Country

U.S.A.

4. FEI Number

04-3686264

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

ETHRIDGE, MICAH

**2771-29 MONUMENT RD NUM 201
JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name
MICAH ETHRIDGE

Street Address (P.O. Box Number is Not Acceptable)

3458 Hickory Landing CT.

City **Jacksonville**

FL

Zip Code
32226

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 **MICAH ETHRIDGE president**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/6/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ETHRIDGE, MICAH
2771-29 MONUMENT RD NUM 201
JACKSONVILLE FL 32225** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MICAH ETHRIDGE
3458 Hickory Landing CT.
Jacksonville FL 32226** ☐ Change ☐ Addition

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **MICAH ETHRIDGE president**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03

Date

9042105277

Daytime Phone #

CR2E034 (10/02)