


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90331 005 ***150.00

DOCUMENT # P94000084032	
1. Entity Name EQUITABLE INTEREST AND INVESTMENT CORPORATION	

DO NOT WRITE IN THIS SPACE

11030496

2. Principal Place of Business 672 BRENT LANE Suite, Apt. #, etc.	3. Mailing Address 672 BRENT LANE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State PENSACOLA, FL	City & State PENSACOLA, FL	4. FEI Number 593308413	Applied For Not Applicable
Zip 32503	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name KIMBALL, ROBERT W.
Street Address (P.O. Box Number is Not Acceptable) 672 BRENT LANE
City PENSACOLA, FL
Zip Code 32503

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  (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	PVTS KIMBALL, ROBERT W. 672 BRENT LANE PENSACOLA, FL 32503	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with or without like empowerment.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)