

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State
 03-20-2001 90046 031 ***150.00

DOCUMENT # P95000030285

1. Entity Name
EQUALITY ACQUISITION CORP.

Principal Place of Business
222 W COMSTOCK AVE
STE 210
WINTER PARK FL 32789
US

Mailing Address
PO BOX 3090
WINTER PARK FL 32790
US

2. Principal Place of Business
222 S. Pennsylvania Ave.

3. Mailing Address
 Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
Winter Park, FL

City & State
 City & State

Zip
32789

Country
U.S.A.

Zip
 Zip

Country
 Country

4. FEI Number **59-3344423**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALTSMAN, ROBERT P
222 COMSTOCK AVE STE 210
WINTER PARK FL 32789

Name
 Street Address (P.O. Box Number is Not Acceptable)
222 S. Pennsylvania Ave., Suite 200
 City
Winter Park **FL** Zip Code
32789

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 *Robert P. Saltsman* **Robert P. Saltsman** 1/12/00
 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, 2001 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 **D** ☐ Delete
 NAME **VAUGHN, CHARLES**
 STREET ADDRESS **1600 NW 165 ST.**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
 NAME **FRIEDMAN, MICHAEL**
 STREET ADDRESS **1600 NW 165 ST**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **VT** ☐ Delete
 NAME **LUNSFORD, BILL**
 STREET ADDRESS **1600 NW 165 ST**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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: *Bill Lunsford* **Bill Lunsford** 1/16/01 (305) 623-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)