2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90218 021 ***150.00

DOCUMENT # P95000087847

1. Entity Name
EQUITY ONE FINANCIAL, INC.

Principal Place of Business	Mailing Address
3000 OLD ALABAMA RD., #119 SUITE 330 ALPHARETTA, GA 30022	3000 OLD ALABAMA RD., #119 SUITE 330 ALPHARETTA, GA 30022

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
1026 Poppy Circle		1026 Poppy Circle	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Costa Mesa CA		City & State: Costa Mesa CA	
Zip: 92626	Country: USA	Zip: 92626	Country: USA

4. FEI Number **58-2211592** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELPIANO, DEANNA
3205 AUDOBON COURT
TARPON SPRINGS, FL 34688

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☒ Delete	TITLE	☒ Change ☐ Addition
NAME	DELPIANO, DANIEL D	NAME	Mark S. Diamond
STREET ADDRESS	3000 OLD ALABAMA RD., #119., STE 330	STREET ADDRESS	1026 Poppy Circle
CITY-ST-ZIP	ALPHARETTA, GA 30022	CITY-ST-ZIP	Costa Mesa, CA 92626
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ____________________ 03/15/03 770-410-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #