2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # P9700034438 1. Entity Name EQUITY TRUST, INC. 03-22-2000 90064 012 ***150.00 Mailing Address Principal Place of Business 45-W-WASHINGTON STREET 45 W WASHINGTON STREET ORLANDO FE 32801-1206 OBLANDO FL 32801 3. Mailing Address 310 E. Colonial DR 2. Principal Place of Business DO NOT WRITE IN THIS SPACE ORLANDS + City & State City'& State Applied For 4. FEI Number 59-3440490 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REED, JAMES W Street Address (P.O. Box Number is Not Acceptable) 250 N ORANGE AVENUE **SUITE 1500** ORLANDO FL 32801 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. amer W Keed (NOTE: Registered Agent signature required when reinstating) Signature, typed or 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, OFFICERS AND DIRECTORS DP TITLE ☐ Delete TITLE Change 1 Addition KIRK. DENISE NAME NAME 310 E. COLCNIAL Dr 45 W WASHINGTON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE --- Delete TITLE KIRK, MICHAEL A NAME NAME 310 E. COLONIAL Dr **45 W WASHINGTON STREET** ORLANDO FL 32801 STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL 32801 CITY-ST-ZIP ☐ Delete TITLE TITLE RÉED, MARY M NAME 3054 PiqNATELLI CRESCENT Mt. Pleasant, 5-6 29466 NAME 6553 GIBSON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO FL 32809 CITY-ST-ZIP ☐ Delete TITLE TITLE REED, JAMES W NAME NAME 3054 PIGNATELLI CRESCENT MT. PIERSANT S.C. 29466 6553 GIBSON DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32809 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 of the receiver of 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 agdress, with all other like empowered. YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/10/00 SIGNATURE: