

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90254 022 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000034438			
1. Entity Name EQUITY TRUST, INC.			
Principal Place of Business 310 E. COLONIAL DR ORLANDO, FL 32801		Mailing Address 310 E. COLONIAL DR ORLANDO, FL 32801	
2. Principal Place of Business 604 N. Thornton Ave Suite, Apt. #, etc.		3. Mailing Address 604 N. Thornton Ave Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32803	Country	Zip 32803	
4. FEI Number 59-3440490		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REED, JAMES W 310 E COLONIAL DRIVE ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Reed, James W. Street Address (P.O. Box Number is Not Acceptable) 604 N. Thornton Ave City Orlando FL Zip Code 32803	
A. 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 <u><i>Denise Kirk</i></u> Signature, typed or printed name of registered agent and date if applicable.		DATE <u><i>4/23/03</i></u> DATE	
FILED NON-FILE FEE \$100.00 After May 1, 2003 Fee will be \$500.00 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 NAME STREET ADDRESS CITY-ST-ZIP	DP KIRK, DENISE 310 E COLONIAL DR ORLANDO, FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kirk, Denise 604 N. Thornton Ave, Orlando, FL 32803 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, MARY M 3064 PIGNATELLI CRESCENT MT PLEASANT, SC 29466 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REED, JAMES W 3064 PIGNATELLI CRESCENT MT PLEASANT, SC 29466 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 199.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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: <u><i>Denise Kirk</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

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☐ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)