

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

07-24-2003 90110 017 ***150.00
08-22-2003 90108 035 ***400.00

DOCUMENT # P99000026542			
1. Entity Name EQUITABLE MORTGAGE CORPORATION			
Principal Place of Business 2077 CARAMBOLA ROAD WEST PALM BEACH FL 33406		Mailing Address 2077 CARAMBOLA ROAD WEST PALM BEACH FL 33406	
2. Principal Place of Business 1112 11th Terrace		3. Mailing Address 1112 11th Terrace	
Suite, Apt., etc.		Suite, Apt., etc.	
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL	
Zip 33418	Country Palm Beach	Zip 33418	Country Palm Beach
6. Name and Address of Current Registered Agent MCKIM, ROBERT C 2077 CARAMBOLA ROAD WEST PALM BEACH FL 33406		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 1112 11th Terrace City _____ State FL Zip Code 33418	
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 _____			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME MCKIM, ROBERT C STREET ADDRESS 2077 CARAMBOLA ROAD CITY-ST-ZIP WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete	TITLE PSD NAME MCKIM, Robert C STREET ADDRESS 1112 11th Terrace CITY-ST-ZIP Palm Bch Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME MCKIM, ROBERT S STREET ADDRESS 2077 CARAMBOLA ROAD CITY-ST-ZIP WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete	TITLE VD NAME MCKIM, Robert S STREET ADDRESS 1112 11th Terrace CITY-ST-ZIP Palm Bch Gardens, FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____			

CR2E034 (4/03)