2003 FOR PROFIT CORPORATION

7. UNIFORM BUSINESS REPORT (UBR)

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

Daytime Phone #

DOCUMENT # P9900026542 1. Entity Name EQUITABLE MORTGAGE CORPORATION					07-24-2003 90110 017 ****130.00 08-22-2003 90108 035 ****400.00			
Principal Place of Business Mailing Address 2077 CARAMBOLA ROAD 2077 CARAMBOLA ROAD WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406								
2. Principal F	Place of Business	3. Mailing Address	MACE		1	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt.		Suite, Apt. #, etc.	MC-CE.		⊠ CHE	CK HERE IF MAKIN	NG CHANGES	,
City & Stat	Beach Gargers FL.	Gity & State Palm Beach Go	idens FL	4.	FEI Number 65-6	09 15978	<u> </u>	pplied For ot Applicable
Zip 33418	Country	Zip 33418	Palm Beach	A 5.	Certificate of Status	Desired	\$8.75 Ad Fee Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
MCKIM, ROBERT C 2077 CARAMBOLA ROAD Street Address (1)					Box Number is Not /	Acceptable)		
WEST PA	LM BEACH FL 33406							
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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 registaged agant and title if applicable. (NOTE: Registered Agent signature (required when relinstating) DATE.								
FILE NOW!!! FEE IS \$550.00								
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State Trust Fund Contribution.								
10.	OFFICERS AND I		11.		DDITIONS/CHANGE	S TO OFFICERS AN		
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12. 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 eath; that I am an officer or director of the corporation or the receiver or treetee 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 endress, with all other like empowered.								
SIGNATURE:X TOICH TURE REQUIRED								

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR