

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90952 001 ***300.00

DOCUMENT # S41415

1. Entity Name
EQUITYCORP HOLDINGS, INC.



Principal Place of Business
% RUSSELL A. WHITNEY
4818 CORONADO PKWY.
CAPE CORAL FL 33904

Mailing Address
% RUSSELL A. WHITNEY
4818 CORONADO PKWY.
CAPE CORAL FL 33904



2. Principal Place of Business

3. Mailing Address

1612 E Cape Coral Pkwy
Suite, Apt. #, etc.

1612 E. Cape Coral Pkwy
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Cape Coral, FL

City & State
Cape Coral, FL

4. FEI Number **65-0253282**

Applied For
Not Applicable

Zip
33904

Country
US

Zip
33904

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITNEY, RUSSELL A.
4818 CORONADO PKWY.
CAPE CORAL FL 33904

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 **PD** ☐ Delete
NAME **KANE, JOHN**
STREET ADDRESS **4818 CORONADO PKWY.**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **WHITNEY, RUSSELL A**
STREET ADDRESS **4818 CORONADO PKWY**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03

Date

239.542.0643

Daytime Phone #

CR2E034 (10/02)