**2001 UNIFORM BUSINESS REPORT (UBR)** FILED Apr 02, 2001 8:00 am Secretary of State осимент # **V29835 EQUITY RESEARCH CORPORATION** 04-02-2001 90080 046 \*\*\*158.75 Principal Place of Business Mailing Address % 408 W. UNIVERISTY AVE. % 408 W. UNIVERISTY AVE. SLITE 500, THE SEAGLE BLDG. SUITE 500. THE SEAGLE BLDG. GAINESVILLE FL 32601-5289 GAINESVILLE FL 32601-5289 2. Principal Place of Business 3. Mailing Address 2606 N.W. 67+h lervace Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3123564 Gainesvil) Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 3-2600 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BEVERLY, PHIL C. JR. Street Address (P.O. Box Number is Not Acceptable) THE SEAGLE BUILDING 408 W. UNIVERSITY AVE., SUITE 500 GAINESVILLE FL 32601 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) After MAY 1, 2001 Fee will be \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Gaskin, Jack M.
11212 SW 52nd Terrace (R+1, Box 319A) NAME NAME RT 1 BOX 319A, 11212 SW 52nd Terrace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MICANOPY FL 32667 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY\_ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. 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 11 or Block 12 is changed, or on an attachment with an address, with all other like empowered.

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER