

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90185 026 ***158.75

DOCUMENT # P02000046407

1. Entity Name
EQUITY FINANCIAL SERVICES GROUP, INC.



Principal Place of Business
**9 N. "O" STREET
LAKE WORTH FL 33460**

Mailing Address
**9 N. "O" STREET
LAKE WORTH FL 33460**



2. Principal Place of Business
1013 Lucerne Ave

3. Mailing Address
1013 Lucerne Ave

Suite, Apt. #, etc.
Suite 9

Suite, Apt. #, etc.
Suite 9

City & State
Lake Worth

City & State
Lake Worth

4. FEI Number
47-0862191

Applied For
 Not Applicable

Zip
33460

Country
Palm Beach

Zip
33460

Country
Palm Beach

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINGER, GAIL S
9 N. "O" STREET
LAKE WORTH FL 33460**

Name **Finger, Gail S**
Street Address (P.O. Box Number is Not Acceptable)
1013 Lucerne Ave

City **Lake Worth** FL Zip Code **33460**

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: *Gail S Finger*

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 **P** Delete
NAME **FINGER, GAIL S**
STREET ADDRESS **9 N. "O" STREET**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE Change Addition
NAME **Finger, Gail S**
STREET ADDRESS **1013 Lucerne Ave**
CITY-ST-ZIP **Lake Worth FL 33460**

TITLE **VS** Delete
NAME **SCALA, ELAINE K**
STREET ADDRESS **9 N. "O" STREET**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE Change Addition
NAME **SCALA, Elaine K**
STREET ADDRESS **1013 Lucerne Ave**
CITY-ST-ZIP **Lake Worth, FL 33460**
Correct name

TITLE **D** Delete
NAME **NORWICH, GRACE CPA**
STREET ADDRESS **3701 EXCHANGE COURT SUITE H**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE Change Addition
NAME **Delete**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 live empowered.

SIGNATURE: *Gail S Finger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/03
Date

Daytime Phone #

CR2E034 (10/02)