

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90125 049 ***150.00

0009885..

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000068388 ✓
 1. Entity Name
 EQUIPMENT COURT SERVICES OF TAMPA BAY, INC.
 P.O. Box 172096, TAMPA, FL 33672-0096

Principal Place of Business
 8720 GREENWOOD AVE,
 #105
 TAMPA, FL 33617

Mailing Address
 P.O. Box 172096
 TAMPA, FL 33672-0096

Principal Place of Business
 8720 GREENWOOD AVE, #105

3. Mailing Address
 P.O. Box 172096

Suite, Apt. #, etc.
 #105

Suite, Apt. #, etc.

City & State
 TAMPA, FL

City & State
 TAMPA, FL 33672-0096

Zip
 33617

Country
 USA

Zip
 33672-0096

Country
 USA

4. FEI Number
 593465232

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~WILLIAM A. STOLLER~~
~~103 SPUTA WOODS AVE, #6~~
~~TAMPA, FL 33609-3340~~

7. Name and Address of New Registered Agent
 Name MS. ANANARIA PAUL
 Street Address (P.O. Box Number is Not Acceptable)
 8720 GREENWOOD AVE,
 City TAMPA, FL FL Zip Code 33617

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 *William A. Stoller* DATE 05-01-2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FSE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME WILLIAM A. STOLLER	
STREET ADDRESS 103 SPUTA WOODS AVE, #6	
CITY-ST-ZIP TAMPA, FL 33609-3340	
TITLE	<input checked="" type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VICE PRESIDENT	<input type="checkbox"/> Delete
NAME MRS. WILLIAM A. STOLLER	
STREET ADDRESS 185 WEST ST.	
CITY-ST-ZIP NEWBURGH, N.Y. 12550	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MS. ANANARIA PAUL	
STREET ADDRESS 8720 GREENWOOD AVE.	
CITY-ST-ZIP TAMPA, FL 33617	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William A. Stoller* DATE 05-01-2000 DAYTIME PHONE # 813-253-6372
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)