

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90103 001 ***600.00

0519904 AV

DOCUMENT # L73511

1. Entity Name
EQUITY EXCHANGE SERVICES, INC.

Principal Place of Business Mailing Address
~~1952 FIELD RD~~ **1952 FIELD RD**
~~STE B~~ **STE B**
SARASOTA FL 34231 **SARASOTA FL 34231**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
100 Wallace Ave **100 Wallace Ave**
 Suite/Apt. #, etc. Suite, Apt. #, etc.
Suite 100 **Suite 100**
 City & State City & State
Sarasota, FL **Sarasota, FL**
 Zip Zip Country Country
34237 **34237** **Sarasota** **Sarasota**

4. FEI Number Applied For
65-0195205 Not Applicable

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

6. Name and Address of Current Registered Agent
BONE, DAVID D.
~~1952 FIELD RD~~ **100 Wallace Ave #100**
~~SUITE B~~
SARASOTA FL 34231

7. Name and Address of New Registered Agent
 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.
 SIGNATURE: DATE: **1/11/02**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **After May 1, 2002 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	P <input type="checkbox"/> Delete
NAME	BONE, DAVID D.
STREET ADDRESS	1952 FIELD RD STE B 100 Wallace Ave #100
CITY-ST-ZIP	SARASOTA FL 34231 Sarasota, FL 34237
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	
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	<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	
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)(l), 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: DATE: **1/11/02** DAYTIME PHONE #: **941-854-8405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)