

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2002 90103 001 ***600.00

0519604 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

4. FEI Number

65-0195205

Applied For

Not Applicable

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

BONE, DAVID D.

~~1952 FIELD RD~~ *100 Wallace Ave #100*

~~SUITE B~~

~~SARASOTA FL 34231~~ *7*

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P BONE, DAVID D.**
STREET ADDRESS ~~1952 FIELD RD STE B~~ *100 Wallace Ave #100*
CITY-ST-ZIP ~~SARASOTA FL 34231~~ *Sarasota, FL 34237*

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02 *941-834-8405*
Date Daytime Phone #

CR2E034 (9/01)