

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051138

1. Entity Name
EQUITY SOLUTIONS, INC.

FILED
May 07, 2001 8:00 am
Secretary of State
05-07-2001 90042 045 ***158.75

Principal Place of Business
7777 - 131ST STREET N. #10
SEMINOLE FL 33776

Mailing Address
7777 - 131ST STREET N. #10
SEMINOLE FL 33776



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1408 N. WESTSHORE
Suite, Apt. #, etc.
SUITE 512

3. Mailing Address
1408 N. WESTSHORE
Suite, Apt. #, etc.
SUITE 512

City & State
TAMPA FLORIDA

City & State
TAMPA FLORIDA

4. FEI Number
59-3647487

Applied For
Not Applicable

Zip
33607

Country
HILLSBOROUGH

Zip
33607

Country
HILLSBOROUGH

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

GRESHAM, GREGORY L
7777 - 131ST STREET N.
SUITE 10
SEMINOLE FL 33776

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REED, JERRY M
7777 - 131ST STREET N. #10
SEMINOLE FL 33776 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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

Jerry M Reed

Date

Daytime Phone #

424-01 813 289 5626

CR2E034 (10/00)