P00000051138

(Requestor's Name)						
(Address)						
(Address)						
(C) - (C) - (T, T) 15						
(City/State/Zīp/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



100021486321

07/18/03--01058--002 **35.00

2003 JUL 18 AM 9: 30

Am /A chg. 4/23/03

TRANSMITTAL LETTER

- Division of Corporations
SUBJECT: Equity Solutions, Inc. d/b/a: Prime Plus Mortgage (Name of corporation)
DOCUMENT NUMBER: P00000051138
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing
.Please return all correspondence concerning this matter to the following:
Teresa R. Craig
(Name of person)
Equity Solutions, Inc. d/b/a: Prime Plus Mortgage
(Name of firm/company)
1408 N West Shore Blvd Suite 512
(Address)
Tampa, FL 33607
(City/state and zip code)
For further information concerning this matter, please call:
Teresa R. Craig at (813) 289-5626 ext 128 (Name of person) (Area code & daytime telephone number)
(Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	1	•	_	1508, or 617.1508, under the laws of th		
Florida		• -	-	registered agent, or	_	
of Florida. 1. The name o	f the corporation:_	Equity Solutions, Inc	c. d/b/a: Prime	Plus Mortgage -	·	
2. The principal office address: 1408 N West Shore Blvd Suite 512						
		Tampa, FL 33607				
3. The mailing	; address (if differen	at):				
4. Date of inco	orporation/qualifica	tion: 05/24/2000) _ Do	cument number: _ P	00000051138	
	nd street address of artment of State:	the current registe	ered agent and	registered office on	file with the	
	Sally A. Lane		<u></u> -		- = 0	
	16131 Belle Meade Blvd Odessa, FL 33556 AFE AFE					
	Odessa, FL 3355	56			ARETA OR I	
6. The name a changed):	and street address	of the new registe	ered agent (if	changed) and /or re	18 AM 9: 30 ASSEE FLORI	
-	Jeffrey G. Lane		<u> </u>		- FLOR STA 9: 3	
1408 N. West Shore Blvd Suite 512 (P.O. Box or personal mailbox NOT acceptable)						
	Tampa, FL 33607	-	·=	. 	_	
				f the business office		
Such change vauthorized by	was authorized by r the board, or the co	resolution duly add orporation has bee		ard of directors or b rriting of the change ne/ CEO & President		
· - u	er, chairman or vice chairm		(Prin	ted or typed name and title)		
I further agree performance o	e to comply with the of my duties, and I	e provisions of all am familiar with a	statutes relation accept the different accept the different accept to reson has been no	act in this capacity ve to the proper an obligation of my po lect a change in the tified in writing of	a complete sition as	
	Key A. Ka Signature of Registered Ag	ent)	7/16/20	O3 (Date)		
If signing on beh	0	•	•	` '		
	(Typed or Printed Name)			(Capacity)		

* * * FILING FEE: \$35.00 * * *