

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90127 046 ***150.00

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DOCUMENT # P01000021214

1. Entity Name
EQUITY SERVICE ADMINISTRATION, INC.



Principal Place of Business
4675 PONCE DE LEON BLVD STE 305
CORAL GABLES FL 33146

Mailing Address
2901 CLINT MOORE RD.
#155
BOCA RATON FL 33496



2. Principal Place of Business
2901 CLINT MOORE RD.
Suite, Apt. #, etc.
#155

3. Mailing Address
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON FL
Zip
33496
Country
USA

City & State
Zip
Country

4. FEI Number 65-1084853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STINSON, LOUIS JR
4675 PONCE DE LEON BLVD STE 305
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name STEWART AGENT SERVICES
Street Address (P.O. Box Number is Not Acceptable)
2199 Ponce de Leon Blvd
Suite 301
City CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

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

LOUIS STINSON JR.
(NOTE: Registered Agent signature required when reinstating)

4/10/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SWICKOW, LEON
STREET ADDRESS 2901 CLINT MOORE RD #155
CITY-ST-ZIP BOCA RATON FL 33496
☐ Delete

TITLE S
NAME STINSON, LOUIS JR
STREET ADDRESS 4675 PONCE DE LEON BOULEVARD #305
CITY-ST-ZIP MIAMI FL 33146
☒ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 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

4-10-03
Date

Daytime Phone #

CR2E034 (10/02)