

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0048203 AV

DOCUMENT # P02000006422

1. Entity Name
ETOIS SOLUTIONS, INC.



FILED

03 SEP 10 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
P.O. BOX 6992
TALLAHASSEE FL 32314-6992

Mailing Address
P.O. BOX 6992
TALLAHASSEE FL 32314-6992

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 01-0587127

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

WOLFE, LARRY S
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303

Name GARY E. THOMAS
Street Address (P.O. Box Number is Not Acceptable) 101 E. UNION ST SUITE 100
City JACKSONVILLE FL Zip Code 32202

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 Hany E. Thomas
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/7/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST
NAME MOORE, ETOI J
STREET ADDRESS 200-Q JOHN KNOX RD.
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE DPST
NAME MOORE, ETOI J.
STREET ADDRESS 619 N. MAGNOLIA DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Signature Required

Date

Daytime Phone #

9/9/03 850-3396510

CR2E034 (10/02)