


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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899/910
FF

DOCUMENT # P02000035392

1. Entity Name
EQUIS FINANCIAL CORPORATION



Principal Place of Business
4931 OAKLEAF DR
SARASOTA FL 34233

Mailing Address
4931 OAKLEAF DR
SARASOTA FL 34233


2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State

Zip **Country**

FILED
03 SEP 16 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

83

4. FEI Number
02-0565144

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

6. Name and Address of Current Registered Agent
ZANNIS, STACEY
4931 OAKLEAF DR
SARASOTA FL 34233

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete ZANNIS, STACEY 4931 OAKLEAF DR SARASOTA FL 34233 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800023175608 09/18/03--01063--019 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 _____ **Date** _____ **Daytime Phone #** _____

CR2E034 (4/03)

Attachment

DO2000038392
EQUIS FINANCIAL CORPORATION
4931 OAKLEAF DRIVE
SARASOTA, FL 34233

September 12, 2003

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: 2003 Uniform Business Report

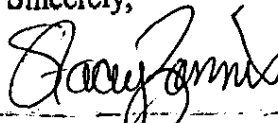
Dear Sirs:

Enclosed is \$150.00 with my 2003 Uniform Business Report.

My father died in June; I am the sole shareholder officer; this is my first year with a company and mostly I ask forgiveness of the penalty because of the mental suffering I experienced over the past 5 months during my father's illness and eventual death.

Thank you for your consideration in my situation.

Sincerely,



Stacey Zannis, President