2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:=

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P93000085413 Jul 20, 2000 8:00 am 1. Entity Name AVAIL EQUITY SERVICES, INC. **Secretary of State** 07-20-2000 90020 030 ***150.00 Mailing Address Principal Place of Business 10014 N. DALE MABRY HWY. 10014 N. DALE MABRY HWY. SUITE 101 SUITE 101 **TAMPA FL 33618 TAMPA FL 33618** 3. Mailing Address P.O. Box 47148 2. Principal Place of Business 1543 LAKELANDHILLS Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3216271 FC Akelund maa Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired 3805 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BROWN, BARTON W 10014 N. DALE MABRY HWY. SUITE 101 **TAMPA FL 33618** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (5/00) PTD DTO ☐ Addition TITLE TITLE Delete Bran BARTON W. 1543 LAKELAND Hills Blud NAME NAME BROWN, BARTON W STREET ADDRESS STREET ADDRESS 10014 N. DALE MABRY HWY., SUITE 101 CITY-ST-ZIP CITY-ST-7IP 146 GUL FC 33805 TAMPA FL 33618 ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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EXCELLING IN RESIDENTIAL MORTGAGES

PO Box 47148 TAMPA, FLORIDA 33647 (813) 748-2184

Tuesday, July 11, 2000

To Whom it May Concern:

I respectfully request that the \$400 late fee be waived. I did not receive the first notice from The Department. This may be due to an address change this year. However, The Department does seem to have the address now(I received the 2nd notice today). Please accept my apology and my check for \$150.

Regards,

Barton W Brown CEO