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FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000068388 (2)
1. Corporation Name
EQUITY COURT SERVICES OF TAMPA BAY, INC.



Principal Place of Business

Mailing Address

6603 N WELLINGTON AVE #2
TAMPA FL 33604

6603 N WELLINGTON AVE #2
TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1997

4. FEI Number

593465232

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 104 SOUTH ARMENIA AVE.

2a. Mailing Address

26 104 SOUTH ARMENIA AVE.

Suite, Apt. #, etc.

22 STE #7

Suite, Apt. #, etc.

27 STE #7

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33609

Country

25 USA

Zip

29 33609

Country

30 USA

9. Name and Address of Current Registered Agent

STOLLER, WILLIAM R
6603 N WELLINGTON AVE #2
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name STOLLER, WILLIAM R.

82 Street Address (P.O. Box Number is Not Acceptable)
104 SOUTH ARMENIA AVE.

83 STE. #7

84 City TAMPA

FL 85 Zip Code 33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William R. Stoller*, WILLIAM R. STOLLER, PRESIDENT

4-15-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME STOLLER, WILLIAM R
STREET ADDRESS 6603 N WELLINGTON AVE #2
CITY-ST-ZIP TAMPA FL 33604

TITLE D ☐ DELETE
NAME STOLLER, LOIS M
STREET ADDRESS 185 W STREET
CITY-ST-ZIP NEWBURGH NY 12550

TITLE STD ☒ DELETE
NAME SANSONE,
STREET ADDRESS 2025 ROGERS ST #228
CITY-ST-ZIP CLEARWATER FL 34624

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME WILLIAM R. STOLLER
1.3 STREET ADDRESS 104 SOUTH ARMENIA AVE., STE. #7
1.4 CITY-ST-ZIP TAMPA, FL 33609

2.1 TITLE V/D ☒ Change ☐ Addition
2.2 NAME LOIS M. STOLLER
2.3 STREET ADDRESS 185 WEST ST.
2.4 CITY-ST-ZIP NEWBURGH, N.Y. 12550

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *William R. Stoller*, WILLIAM R. STOLLER 4-15-98 (813) 253-0372

CR2E034 (10/97)