

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90274 012 ***150.00

DOCUMENT # P97000068388

1. Corporation Name

EQUITY COURT SERVICES OF TAMPA BAY, INC.

Principal Place of Business

104 S ARMENIA AVE
STE 7
TAMPA FL 33609
US

Mailing Address

104 S ARMENIA AVE
STE 7
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1997

4. FEI Number

59-3465232

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☒

No

2. Principal Place of Business

21 103 SOUTH MOODY AVE.

2a. Mailing Address

26 PO BOX 172096

Suite, Apt. #, etc.

22 STE G

Suite, Apt. #, etc.

27

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33609-3340

Country

25 USA

Zip

29 33672-0096

Country

30 USA

9. Name and Address of Current Registered Agent

STOLLER, WILLIAM R
104 S ARMENIA AVE
STE 7
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 STE. G

84 City TAMPA

FL

85 Zip Code

33609-3340

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

04-28-99

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 ☐ DELETE

NAME PD
STOLLER, WILLIAM R
STREET ADDRESS 104 S ARMENIA AVE, STE #7
CITY-ST-ZIP TAMPA FL 33609

TITLE ☐ DELETE

NAME VD
STOLLER, LOIS M
STREET ADDRESS 185 W STREET
CITY-ST-ZIP NWEBURG NY 12550

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS PO BOX 172096

1.4 CITY-ST-ZIP TAMPA, FL 33672-0096

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 185 WEST STREET

2.4 CITY-ST-ZIP NEWBURGH, NY 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, with all other like empowered.

SIGNATURE:

William R. Stoller, William R. STOLLER, PRESIDENT 04-28-99 (813)253-0372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0389294