

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90125 049 ***150.00

8009885.

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000068388

1. Entity Name
EQUITY COURT SERVICES OF TAMPA BAY, INC.
P.O. Box 172096, TAMPA, FL 33672-0896

Principal Place of Business
8720 GREENWOOD AVE, #105
TAMPA, FL 33617

Mailing Address
P.O. Box 172096
TAMPA, FL 33672-0096

2. Principal Place of Business
8720 GREENWOOD AVE, #105

3. Mailing Address
P.O. Box 172096

Suite, Apt. #, etc.
#105

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State
TAMPA, FL 33672-0096

4. FEI Number
593465232

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

6. Name and Address of Current Registered Agent
WILLIAM A. STOLLER
103 SPITALWOODS AVE, #6
TAMPA, FL 33609

7. Name and Address of New Registered Agent
Name
MRS. ANA MARIA PAUL
Street Address (P.O. Box Number is Not Acceptable)
8720 GREENWOOD AVE,
City
TAMPA, FL FL Zip Code
33617

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
William A. Stoller
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
05-01-2000

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PRESIDENT	WILLIAM A. STOLLER	103 SPITALWOODS AVE, #6	TAMPA, FL 33609-3340	<input checked="" type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY/TREASURER	MRS. ANA MARIA PAUL	8720 GREENWOOD AVE,	TAMPA, FL 33617	<input checked="" type="checkbox"/>

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.

SIGNATURE: William A. Stoller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
05-01-2000 813-253-0371