

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 22, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P97000068388**1. Entity Name  
EQUITY COURT SERVICES OF TAMPA BAY, INC.Principal Place of Business  
8720 GREENWOOD AVE #105  
TAMPA FL 33617  
Mailing Address  
PO BOX 172096  
TAMPA FL 3367200962. Principal Place of Business  
WWW.EQUITYCOURT.COM - PO BOX 172096

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
TAMPA FL

City &amp; State

4. FEI Number  
59-3465232Applied For  
Not ApplicableZip  
336720096Country  
US

Zip

Country

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

## 6. Name and Address of Current Registered Agent

PAUL ANAMANIA  
8720 GREENWOOD AVETAMPA FL  
33617

## 7. Name and Address of New Registered Agent

Name  
LANGLEY BELINDA SStreet Address (P.O. Box Number is Not Acceptable)  
6271 W. MOSS LANECity  
CRYSTAL RIVER FL Zip Code  
33634429

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 **BELINDA S. LANGLEY**

04/22/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete  
VD  
STOLLER LOIS M  
185 WEST STREET  
NEWBURGH NY 12550TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete  
PD  
STOLLER WILLIAM R  
PO BOX 172096  
TAMPA FL 336720096TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
STD  
LANGLEY BELINDA S  
6271 W. MOSS LANE  
CRYSTAL RIVER FL 34429TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
VD  
COCOZZA GERRI  
211 EAST 81ST STREET  
NEW YORK NY 10028TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
PD  
STOLLER WILLIAM R  
PO BOX 172096  
TAMPA FL 336720096TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 R. Stoller

PD

04/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)