## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # L64611** 1. Entity Name OOLITT ADVANTAGE INC. 01-30-2001 90107 025 \*\*\*150.00 Principal Place of Business Mailing Address 2906 WHITTINGTON PLACE 2906 WHITTINGTON PLACE TAMPA FL 33618 **TAMPA FL 33618** V 4 V 4 V 2. Principal Place of Business 4627 DUNNIE 3. Mailing Address 4627 DUNNIE $\mathcal{D}R$ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE FLORIDA TAMPA TAMPA FLORIDA Not Applicable 33614 Zip Country \$8.75 Additional 5. Certificate of Status Desired USA USA 33614 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, DEEPTY PATEL, DEEPTY U Street Address (P.O. Box Number is Not Acceptable) 4627 DUNNIE DRIVE 2906 WHITTINGTON PLACE **TAMPA FL 33618** TAMPA Zip Code TAMPA 33614 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **▼** Change Addition TITLE Delete TITLE PD NAME PATEL. DEEPTY U NAME DEEPTY PATEL STREET ADDRESS 2906 WHITTINGTON PLACE STREET ADDRESS 4627 DUNNIE DRIVE TAMPA, FL 33614 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TD TITLE Delete TITLE ☐ Addition NAME PATEL, UMESH NAME STREET ADDRESS 2906 WHITTINGTON PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition TITLE ☐ Detete → TITLE -- \_\_ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/01

813-496-9917

Daytime Phone #