

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90093 031 ***150.00

DOCUMENT # *P0000043574*
1. Entity Name
Co-Advantage Resources II, inc

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business <i>111 W Jefferson st</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>Orlando FL</i> Zip <i>32801</i> | 3. Mailing Address <i>111 W Jefferson st</i> Suite, Apt. #, etc. <i>Suite 100</i> City & State <i>Orlando FL</i> Zip <i>32801</i> |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number <i>59-3642575</i> | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

| |
|---|
| Name <i>Robbinson, William H JR</i> |
| Street Address (P.O. Box Number is Not Acceptable) <i>111 W Jefferson st</i> |
| <i>Suite 100</i> |
| City <i>Orlando</i> |
| State FL |
| Zip Code <i>32801</i> |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|--|--|---|-----------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | <p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--|---|-----------------------------|

| 11. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>President Williams, Dayne 111 W Jefferson st suite 100 Orlando FL 32801</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>vice President Goin, Bruce 111 W Jefferson st suite 100 Orlando FL 32801</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>vice President Hewitt, Ben 111 W Jefferson st suite 100 Orlando FL 32801</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Secretary Robbinson, William H Jr 111 W Jefferson st suite 100 Orlando FL 32801</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Treasurer Wolin, Jay 111 W Jefferson st suite 100 Orlando FL 32801</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *William H. Robbinson Jr* 5/1/02 (407) 447-3815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)