

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90335 011 ***150.00

0060077

DOCUMENT # P0000081125

1. Entity Name

CO-ADVANTAGE INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

111 W. JEFFERSON STREET SUITE 100
 ORLANDO FL 32801

111 W. JEFFERSON STREET SUITE 100
 ORLANDO FL 32801

059590



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, W. GRAHAM
250 PARK AVENUE SOUTH, 5TH FLOOR
WINTER PARK FL 32789

Name

William H. Robinson, Jr.

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

111 W. Jefferson St., Suite 100

City

Orlando

FL

Zip Code

32801

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **WILLIAMS, DAYNE**
 STREET ADDRESS **111 W. JEFFERSON STREET SUITE 100**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE **S** Change Addition
 NAME **William H. Robinson, Jr.**
 STREET ADDRESS **111 W. Jefferson St., Suite 100**
 CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** Delete
 NAME **GOIN, BRUCE**
 STREET ADDRESS **111 W. JEFFERSON STREET SUITE 100**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HEWITT, BEN R**
 STREET ADDRESS **111 W. JEFFERSON STREET SUITE 100**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RILEY, JOHN**
 STREET ADDRESS **111 W. JEFFERSON STREET SUITE 100**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LOWREY, MARK**
 STREET ADDRESS **111 W. JEFFERSON STREET SUITE 100**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **NEWTON, RUSSELL B III**
 STREET ADDRESS **111 W. JEFFERSON STREET SUITE 100**
 CITY-ST-ZIP **ORLANDO FL 32801**

TITLE Change Addition
 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 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 H. Robinson, Jr., Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR29034 (10/00)