

05-15-2002 90093 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000021407*

1. Entity Name
Co-Advantage Asset Management, Inc.

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36916

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

4. FEI Number <i>01-0717757</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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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>	
City <i>Suite 100</i>	
City <i>Orlando FL</i>	Zip Code <i>32801 FL</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 *[Signature]* *William H. Robbinson Jr* DATE *5/01/02*

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

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

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	<i>President / CEO 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 Same</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary Robbinson, William H Jr Same</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer Hewitt, Ben Same</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other life empowered.

SIGNATURE: *[Signature]* *William H. Robbinson Jr* DATE *5/01/02* (407) 447-3000

Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CR2E034B (12/01)