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2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Apr 21, 2003 8:00 am Secretary of State			
DOCUMENT # P98000030285									
1. Entity Nam CHAMBE	ne I <mark>RLAIN ADVANTAGE, INC</mark> .)	04-21-2003 9104	8 015 ***150	.00	
Principal Place of Business 556 HOLBROOK CIR LAKE MARY FL 32746		Mailing Address 556 HOLBROOK CIR LAKE MARY FL 32746				11/11/11/11/11/11/11/11/11/11/11/11/11/	aaira (1111) aa ir a (18 4)		
2. Principal Place of Business		3. Mailing Address		·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Nu	59-3500353	⊢ ——	oplied For ot Applicable	
Zip Country		Zip Cou		ntry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name and Address of Current F	legistered Agent		Name	7. Name	and Address of New Registe	red Agent		
CHAMBERLAN, TARA				Street Address (P.O. Box Number is Not Acceptable)					
556 HOLBROOK CIR LAKE MARY-FL 32746									
				City FL Zip Code					
the obligation of the state of	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent are ILE NOW!!! FEE IS \$150.00 r May:1; 2003 Fee will be \$550.00 k Payable to Florida Department of	ed title if applicable. (NO		ed office of registe	ed when reinstating		ATE \$5.0	0 May Be	
10.	OFFICERS AND D		11.		ADDITIO	NS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMBERLAIN, TARA 556 HOLBROOK CIR. LAKE MARK FL 32746	☐ Delete	TITL NAM STRI	E	7.551116	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition	
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12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

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