

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 07, 2000 8:00 am**
Secretary of State

03-07-2000 90059 021 ***150.00

DOCUMENT # V65174

1. Entity Name

~~SIMMONS/MEYNER REAL ESTATE CORPORATION~~**BUYER'S ADVANTAGE REAL ESTATE CORP.**

Principal Place of Business

Mailing Address

~~2555 N. COURTENAY PARKWAY~~~~2555 N. COURTENAY PARKWAY~~~~SUITE 33~~~~SUITE 33~~~~MERRITT ISLAND FL 32953~~~~MERRITT ISLAND FL 32953-4148~~

2. Principal Place of Business

3. Mailing Address

1175 N. Courtenay Pkwy**1175 N. Courtenay Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1B**1B**

City & State

City & State

MERRITT FL**MERRITT IS. FL**

Zip

Country

Zip

Country

32953**USA****32953****USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3142140**

Applied For

Not Applicable

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

KEVIN C SCHLEITH
215 E CRISAFULLI RD
MERRITT ISLAND FL 32953

Name

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

City

FL

Zip Code

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

Kevin Schleith**3-01-00**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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD KEVIN SCHLEITH 2555 N. COURTENAY PKWY. #33 MERRITT ISLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEVIN Schleith 1175 N. COURTENAY PKWY 1B MERRITT IS FL 32953	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kevin Schleith**3-01-00**

CR2E034 (9/99)