

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90146 030 ***158.75

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DOCUMENT # P01000020584

1. Entity Name
ADVANTAGE 5 TITLE, INC.



Principal Place of Business
**13051 N. CLEVELAND AVE.
N. FORT MYERS FL 33903**

Mailing Address
~~13051 N. CLEVELAND AVE.
N. FORT MYERS FL 33903~~

60018671



2. Principal Place of Business

3. Mailing Address
5810 West Cypress Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E

CHECK HERE IF MAKING CHANGES

City & State

City & State
Tampa, FL

4. FEI Number
65-1080217

Applied For
Not Applicable

Zip

Country

Zip
33607

Country
USA

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

**SCHILLER, LARRY F
13051 N. CLEVELAND AVE.
N. FORT MYERS FL 33903**

Name
Michael LaRosa
Street Address (P.O. Box Number is Not Acceptable)
5810 West Cypress Street
Suite E
City
Tampa FL Zip Code
33607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DATE
4/10/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
SCHILLER, THEODORE E
5915 SANDBURG DRIVE
FORT MYERS FL 33903-5820** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SCHILLER, KATHERINE M
5915 SANDBURG DRIVE
FORT MYERS FL 33903-5820** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

12. 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 10 or Block 11 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
4/10/03

Daytime Phone #

CR2E034 (10/02)

Attachment

#701000020584

April 9, 2003

Uniform Business Report
Division of Corporations
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Uniform Business Report for Advantage 5 Title, Inc.

Dear Sir or Madam:

Enclosed, please find an executed Uniform Business Report for Advantage 5 Title, Inc. Included is a check in the amount of \$158.⁷⁵, made payable to "Florida Department of State", for the Filing Fee and Certificate of Status.

If any additional information is required, please do not hesitate to contact me at (813) 289-7777.

Thank you for your consideration.

Sincerely,



Michael LaRosa
Associate Counsel