

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90361 006 ***150.00

DOCUMENT # F02000001000

1. Entity Name
ADVANTAGE ACQUISITION CORP.



Principal Place of Business
**126 MERROW ROAD
AUBURN ME 04211-1330**

Mailing Address
**126 MERROW ROAD
AUBURN ME 04211-1330**

11033993



2. Principal Place of Business

911 PANORAMA TRAIL SOUTH

Suite, Apt. #, etc.

3. Mailing Address

911 PANORAMA TRAIL SOUTH

Suite, Apt. #, etc.

City & State

ROCHESTER NY

City & State

ROCHESTER NY

Zip

14625

Country

USA

Zip

14625

Country

USA

4. FEI Number **01-0545250**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	LATHROP, CHARLES W JR.	
STREET ADDRESS	126 MERROW ROAD - P.O. BOX 1330	
CITY-ST-ZIP	AUBURN ME 04211-1330	
TITLE	TAS	<input checked="" type="checkbox"/> Delete
NAME	MCGRAIL, PETER J	
STREET ADDRESS	126 MERROW ROAD - P.O. BOX 1330	
CITY-ST-ZIP	AUBURN ME 04211-1330	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILL, DANIEL M	
STREET ADDRESS	126 MERROW ROAD - P.O. BOX 1330	
CITY-ST-ZIP	AUBURN ME 04211-1330	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RADEMACHER, HOLLIS	
STREET ADDRESS	126 MERROW ROAD - P.O. BOX 1330	
CITY-ST-ZIP	AUBURN ME 04211-1330	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, JOHN R	
STREET ADDRESS	126 MERROW ROAD - P.O. BOX 1330	
CITY-ST-ZIP	AUBURN ME 04211-1330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, V, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORPHY, JOHN	
STREET ADDRESS	911 PANORAMA TRAIL SOUTH	
CITY-ST-ZIP	ROCHESTER NY 14625	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLISANO, B. THOMAS	
STREET ADDRESS	911 PANORAMA TRAIL SOUTH	
CITY-ST-ZIP	ROCHESTER NY 14625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

555-385-6666

Daytime Phone #

CR2E034 (10/02)