

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G74643**

FILED

1. Entity Name
ADVANTAGE/MAYER, INC.

00 OCT -4 PM 3:47

Principal Place of Business
**3444 MEMORIAL HWY
TAMPA FL 33607
US**

Mailing Address
**% ROBERT. ERGER. B
~~3444 MEMORIAL HWY~~ 3840 N. 50TH ST.
TAMPA FL ~~33607~~ 33619
US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 3840 N. 50TH ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA FL		4. FEI Number 59-2353050	
Zip 33619		Country HILLSBOROUGH	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ERGER, ROBERT B 3444 MEMORIAL HWY TAMPA FL 33607		7. Name and Address of New Registered Agent	
Name ERGER, ROBERT B.		Street Address (P.O. Box Number is Not Acceptable) 3840 N. 50TH ST.	
City TAMPA		State FL	
Zip Code 33619			

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 *Robert B. Erger* **ROBERT B. ERGER** DATE **10/3/00**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DST	<input type="checkbox"/> Delete	TITLE ERGER, ROBERT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ERGER, ROBERT		NAME ERGER, ROBERT	
STREET ADDRESS 3444 MEMORIAL HWY		STREET ADDRESS 3840 N. 50TH ST.	
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP TAMPA FL 33619	
TITLE PD	<input type="checkbox"/> Delete	TITLE 400003456364-3	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUNDERLAND, C. M		NAME 400003456364-3	
STREET ADDRESS 3444 MEMORIAL HWY		STREET ADDRESS -11/07/00--01134--020	
CITY-ST-ZIP TAMPA FL		CITY-ST-ZIP ****750.00 ****750.00	
TITLE P	<input type="checkbox"/> Delete	TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REID, CHARLES A		NAME DIRECTOR	
STREET ADDRESS 2100 RIVERCHASE CENTER		STREET ADDRESS HERB BELL	
CITY-ST-ZIP BIRMINGHAM AL 35244		CITY-ST-ZIP 3444 MEMORIAL HWY.	
TITLE 	<input type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME LUTHER W. PITTS JR.	
STREET ADDRESS 		STREET ADDRESS 13530 SOUTH RIDGE DR.	
CITY-ST-ZIP 		CITY-ST-ZIP CHARLOTTE NC 28273	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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: *Robert B. Erger* **SIGNATURE REQUIRED** *Secy* DATE **10/3/00** DAYTIME PHONE # **813)621-4991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 15/00