

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90079 015 ***550.00

DOCUMENT # G74643

1. Entity Name
ADVANTAGE/MAYER, INC.

Principal Place of Business

**3444 MEMORIAL HWY
TAMPA FL 33607
US**

Mailing Address

**C/O ROBERT B. ERGER
3840 N. 50TH STREET
TAMPA FL 33619
US**

579981



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5908 BRECKENRIDGE PKWY.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

TAMPA FL

City & State

4. FEI Number **59-2353050**

Applied For

Not Applicable

Zip

33610

Country

HILLSBOROUGH

Zip

Country

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

ERGER, ROBERT B

**3840 N. 50TH STREET
TAMPA FL 33619**

Name

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

5908 BRECKENRIDGE PKWY

City **TAMPA**

FL

Zip Code

33610

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

Robert B. ERGER

ROBERT B. ERGER

SECY/TREAS 9/10/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. 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 **DST** ☐ Delete
NAME **ERGER, ROBERT**
STREET ADDRESS **3840 N. 50TH STREET**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME **5908 BRECKENRIDGE PKWY**
STREET ADDRESS **TAMPA FL 33610**
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **SUNDERLAND, C. M**
STREET ADDRESS **3444 MEMORIAL HWY**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME **5908 BRECKENRIDGE PKWY**
STREET ADDRESS **TAMPA FL 33610**
CITY-ST-ZIP

TITLE **X D** ☐ Delete
NAME **REID, CHARLES A**
STREET ADDRESS **2100 RIVERCHASE CENTER**
CITY-ST-ZIP **BIRMINGHAM AL 35244**

TITLE ☒ Change ☐ Addition
NAME **5908 BRECKENRIDGE PKWY**
STREET ADDRESS **TAMPA FL 33610**
CITY-ST-ZIP

TITLE **D VP** ☐ Delete
NAME **BELL, HERB**
STREET ADDRESS **3444 MEMORIAL HWY**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☒ Change ☐ Addition
NAME **5908 BRECKENRIDGE PKWY**
STREET ADDRESS **TAMPA FL 33610**
CITY-ST-ZIP

TITLE **D VP** ☐ Delete
NAME **PITTS, LUTHER W JR.**
STREET ADDRESS **13530 SOUTH RIDGE DR.**
CITY-ST-ZIP **CHARLOTTE NC 28273**

TITLE ☒ Change ☐ Addition
NAME **5908 BRECKENRIDGE PKWY**
STREET ADDRESS **TAMPA FL 33610**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

813)342-9400

Date

Daytime Phone #

CR2E034 (4/02)