

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.

Suite, Apt. #, etc.

3. Mailing Address

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

ERGER, ROBERT B

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

7. Name and Address of New Registered Agent

Name

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 SEC'Y/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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ERGER, ROBERT 3840 N. 50TH STREET TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUNDERLAND, C. M 3444 MEMORIAL HWY TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X D REID, CHARLES A 2100 RIVERCHASE CENTER BIRMINGHAM AL 35244	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP BELL, HERB 3444 MEMORIAL HWY TAMPA FL 33607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VP PITTS, LUTHER W JR. 13530 SOUTH RIDGE DR. CHARLOTTE NC 28273	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5908 BRECKENRIDGE PKWY TAMPA FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5908 BRECKENRIDGE PKWY TAMPA FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5908 BRECKENRIDGE PKWY TAMPA FL 33610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of Robert B. Erger Sec'y/Treas.

9/10/02

813)342-9400

Date Daytime Phone #

CR2E034 (4/02)