

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90121 020 ***150.00

0013082 AV

DOCUMENT # H83975

1. Entity Name

VANTAAGE N. A., INC.



Principal Place of Business

1821 HOLSON BACK DR.
DAYTONA BEACH FL 32117
US

Mailing Address

1821 HOLSONBACK DR.
DAYTONA BEACH FL 32117
US

11011281



2. Principal Place of Business

933 Beville Rd Bldg 102J

Suite, Apt. #, etc.

3. Mailing Address

933 Beville Rd

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

South Daytona FL

City & State

South Daytona FL

4. FEI Number

59-2654931

Applied For

Not Applicable

Zip

32119

Country

Zip

32119

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANTHONY, JAMES R.

1821 HOLSONBACK DR.

DAYTONA BCH FL 32117

7. Name and Address of New Registered Agent

Name

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

933 Beville Rd Bldg 102J

City

South Daytona

FL

Zip Code

32119

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	PD	<input type="checkbox"/> Delete
NAME	ANTHONY, JAMES R.	
STREET ADDRESS	1821 HOLSONBACK DR.	
CITY-ST-ZIP	DAYTONA BCH FL 32117	
TITLE	VC	<input type="checkbox"/> Delete
NAME	ANTHONY, A. MICHELLE	
STREET ADDRESS	1821 HOLSONBACK DR.	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	933 Beville Rd Bldg 102J	
CITY-ST-ZIP	South Daytona FL 32119	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	933 Beville Rd Bldg 102J	
CITY-ST-ZIP	South Daytona FL 32119	
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		
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

Michelle Anthony

4/21/03

386-767-6675

Daytime Phone #

CR2E034 (10/02)