

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90344 020 \*\*\*\*50.00

**DOCUMENT # M01000000657**

1. Entity Name

**ADVANTAGE GROUP OF FLORIDA COMMUNICATIONS, L.L.C**

Principal Place of Business

Mailing Address

**7850 STAGE HILLS BLVD.. STE 102  
 BARTLETT TN 38133**

**7850 STAGE HILLS BLVD.. STE 102  
 BARTLETT TN 38133**

2. Principal Place of Business

**7560 Bartlett Corp Dr.**

3. Mailing Address

**P.O. Box 34668**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bartlett TN**

City & State

**Memphis TN**

Zip

**38134**

Country

**U.S.A.**

Zip

**38184**

Country

**U.S.A.**

4. FEI Number

**APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

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 \$50.00  
 Make Check Payable to Department of State  
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
 NAME **BOGER SR, MICHAEL D**  
 STREET ADDRESS **7850 STAGE HILLS BLVD**  
 CITY-ST-ZIP **BARTLETT TN**

TITLE ☐ Change ☐ Addition  
 NAME **Boger Sr, Michael D.**  
 STREET ADDRESS **7560 Bartlett Corp. Dr.**  
 CITY-ST-ZIP **Bartlett, TN 38134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7/16/02**

Date

Daytime Phone #

CR2E083 (4/02)