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2001 UNIFORM BUSINESS REPORT (UBR)

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Aug 31, 2001 8:00 am Secretary of State 1. Entity Name COMPETITIVE ADVANTAGE CONSULTANTS, INC. 08-31-2001 90005 014 ***550.00 Principal Place of Business Mailing Address C/O JAMES A. ROLLO C/O JAMES A. ROLLO 1000000 4863 PRIMROSE PATH 4863 PRIMROSE PATH SARASOTA FL 34242 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0048101 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROLLO, JAMES A. Street Address (P.O. Box Number is Not Acceptable) 4862 PRIMROSE PATH SARASOTA FL 34242 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 (5/01)TITLE TITLE ☐ Delete ☐ Addition ☐ Change ROLLO, JAMES A. 4863 PRIMROSE PATH NAME NAME STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROLLO, VICKI C. NAME NAME STREET ADDRESS 4863 PRIMROSE PATH STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS 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.