

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90083 014 ***150.00

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DOCUMENT # P00000010159

1. Entity Name

S.A.Q. ADVANTAGE INC.

Principal Place of Business

**19033 WEATHERSTONE DR.
TAMPA FL 33647**

Mailing Address

**19033 WEATHERSTONE DR.
TAMPA FL 33647**

2. Principal Place of Business

24446 Mistwood Ct.

3. Mailing Address

24446 Mistwood Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz FL

City & State

Lutz FL

4. FEI Number

59-3622202

Applied For

Not Applicable

Zip

33559

Country

Zip

33559

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MITCHELL, DAVID

**19033 WEATHERSTONE DR.
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name

David Mitchell

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

24446 Mistwood Ct.

City

Lutz

FL

Zip Code

33559

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.

SIGNATURE

David Mitchell

David Mitchell

3/31/02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☐ Delete
NAME **MITCHELL, DAVID**
STREET ADDRESS **19033 WEATHERSTONE DRIVE**
CITY-ST-ZIP **TAMPA FL 33647** } **CHANGE →**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☐ Addition
NAME **Mitchell, David**
STREET ADDRESS **24446 Mistwood Ct.**
CITY-ST-ZIP **Lutz FL 33559**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

David Mitchell

David Mitchell

3/31/02

(813) 453-9623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)