

2001 UNIFORM BUSINESS REPORT (UBR)

3/1.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-01-2001 91341 017 ***150.00

DOCUMENT # P00000034795

1. Entity Name
ADVANTAGE ; REALTY OF ORANGE PARK, INC.

Principal Place of Business 282 FLEMING FOREST LANE ORANGE PARK FL 32073	Mailing Address 282 FLEMING FOREST LANE ORANGE PARK FL 32073
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-3634026	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip 32003	Country	Zip 32003	Country
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DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent.

7. Name and Address of New Registered Agent

~~NIX-MARILYN-S~~
282 FLEMING FOREST LANE
ORANGE PARK FL 32073

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.

SIGNATURE _____ (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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	president marilyn nix	282 Fleming Forest Lane	Orange Park, FL 32003	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marilyn Nix Marilyn Nix Date: 2-25-01 Daytime Phone #: 904-635-1217

CR2E034 (10/00)