

2001

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 21 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000063460

1. Entity Name

ADVANTAGE Kids USA, Inc.

DO NOT WRITE IN THIS SPACE

100005677671--8

-06/04/02--01060--009

\*\*\*\*\*300.00 \*\*\*\*\*300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8001 SHELDON ROAD

3. Mailing Address

8001 SHELDON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

TAMPA, FLORIDA

City &amp; State

TAMPA, FLORIDA

4. FEI Number

59-3654152

Applied For

Not Applicable

Zip

33615

Country

USA

Zip

33615

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee RequiredDO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
ANNIE L. GUY

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

8001 SHELDON ROAD

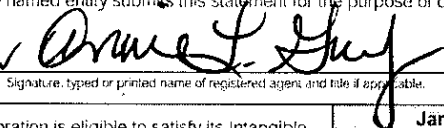
City TAMPA

FL

Zip Code  
33615

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



ANNIE L. GUY

(NOTE: Registered Agent signature required when reinstating)

5/1/02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1. Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

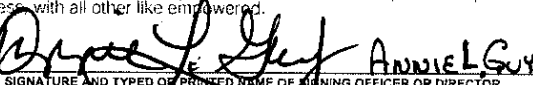
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANNIE L. GUY 8001 SHELDON ROAD TAMPA, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

(813) 823-1300

Phone

CR2E034B (12/01)