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FILED
Jun 18, 2002 8:00 am
Secretary of State
05-15-2002 90093 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000008108 8

1. Entity Name

Co-Advantage Holdings, INC

DO NOT WRITE IN THIS SPACE

93593

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2. Principal Place of Business	3. Mailing Address
111 W Jefferson St	111 W Jefferson St
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Orlando FL	City & State: Orlando FL
Zip: 32801 Country:	Zip: 32801 Country:

4. FEI Number: 59-3673629 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Robbinson, William H Jr

Street Address (P.O. Box Number is Not Acceptable): 111 W Jefferson St Suite 100

City: Orlando FL Zip Code: 32801

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: [signature] William H. Robbinson Jr 5/01/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) 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	President / CEO	TITLE	
NAME	Williams, Dayne	NAME	
STREET ADDRESS	111 W Jefferson St Suite 100	STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32801	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Groin, Bruce	NAME	
STREET ADDRESS	Same	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Robbinson, William H Jr	NAME	
STREET ADDRESS	Same	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Hewitt, Ben	NAME	
STREET ADDRESS	Same	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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

SIGNATURE: [signature] William H. Robbinson Jr 5/01/02 (407) 447-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #