

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 91007 033 \*\*\*150.00

0382351 AV

**DOCUMENT # P01000004129**

1. Entity Name

~~ADVANTAGE MORTGAGE FUNDING, INC.~~

Name Change: Advantage Asset Holdings, Inc. March 17, 2003

Principal Place of Business  
741 US HIGHWAY ONE  
NORTH PALM BEACH FL 33408

Mailing Address  
741 US HIGHWAY ONE  
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1076295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CALDWELL, R. MICHAEL  
741 US HIGHWAY ONE  
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **CALDWELL, R. MICHAEL**  
STREET ADDRESS **13085 COASTAL CIRCLE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Delete  
NAME **FRIEDMAN, DAVID A**  
STREET ADDRESS **7069 BRUNSWICK CIRCLE**  
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE **D** ☐ Delete  
NAME **TUCKER, ALLEN**  
STREET ADDRESS **3440 SOUTH OCEAN BLVD 502 S**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete  
NAME **JEFFER, HERMAN**  
STREET ADDRESS **19950 BEACH ROAD APT 8N**  
CITY-ST-ZIP **JUPITER FL 33469**

TITLE **D** ☐ Delete  
NAME **BEBER, ROBERT H**  
STREET ADDRESS **7228 QUEENFERRY CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL 33065**

TITLE **S** ☐ Delete  
NAME **VALLARIO, LORI A**  
STREET ADDRESS **741 US HIGHWAY ONE**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition  
NAME **Christine F. Cowan**  
STREET ADDRESS **741 U.S. Highway One**  
CITY-ST-ZIP **North Palm Beach, FL 33408**

TITLE **T** ☐ Change ☒ Addition  
NAME **Herrera, Pedro A.**  
STREET ADDRESS **741 U.S. Highway One**  
CITY-ST-ZIP **North Palm Beach, FL 33408**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003

Date

561-840-7751

Daytime Phone #

CR2E034 (10/02)