

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90059 026 ***150.00

DOCUMENT # PO1000018872

1. Entity Name

VANTAGE SYSTEMS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1023, MARLIN LAKES CIR

3. Mailing Address

1023, MARLIN LAKES CIR

Suite, Apt. #, etc.

APT # 1127

Suite, Apt. #, etc.

APT # 1127

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-1080745

Applied For

Not Applicable

Zip

34232

Country

USA

Zip

34232

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PRASHANT SHETYE

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

1023, MARLIN LAKES CIR, APT # 1127

City

SARASOTA

FL

Zip Code

34232

**DO NOT WRITE
IN THIS SPACE**

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, 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) ☐

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	DIP PRASHANT SHETYE 1023, MARLIN LAKES CIR APT # 1127 SARASOTA FL - 34232	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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

4/20/02 (941)378-2929

Date

Daytime Phone *

CR2E034B (12/01)