2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P01000018872

1. Entity Name

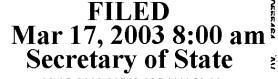
VANTAGE SYSTEMS, INC.



Principal Place of Business

Mailing Address

1023 MARLIN LAKES CIRCLE APT 1127



03-17-2003 90702 035 ***150.00

SARASOTA FL	34232	SARASOTA FL 34232	SARASOTA FL 34232						
2. Principal Pi	lace of Business	3. Mailing Address	3. Mailing Address			[6] DOI: LOI LEI	#### #################################	ill 18011 1161 (191	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	9	City & State	City & State			4. FEI Number 65-1080745 Applied For Not Applied by			
Zìp	Country	Country Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
· ·	6. Name and Address of Cu	rrent Registered Agent	ш	1	7. Name and Address of New Registered Agent				
			Name.						
SHETYE: F	PRASHANT					JOO Day Niveries in Not Assessables			
-	LIN LAKES CIRCLE APT 112	7	Street Addres		s (P.O. Box Number is Not Acceptable)				
	A FL 34232	•							
SANASUI	M FL 34232			City			Zip C	ode	
				City		l	FL Zip C	ode	
the obligat	ions of registered agent. Signature, typed or printed name of registere					gent, or both, in the State of Florida.	NTE		
	Signature, typed or printed name of registere	d agent and title if applicable. (NC	TE: Registere	d Agent signature requ	uired when re	einstating)	.IE		
After	ILE NOW!!! FEE IS \$150.0 r May 1, 2003 Fee will be \$55 c Payable to Florida Departm	60.00				Election Campaign Financing Trust Fund Contribution.		.00 May Be ded to Fees	
		AND DIRECTORS	11.		ΔΓ	L DDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 11	
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP