

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90079 013 \*\*\*550.00

**DOCUMENT # P01000053130**

1. Entity Name  
**ADVANTAGE SUNBELT, INC.**

Principal Place of Business

**3444 MEMORIAL HWY.  
TAMPA FL 33607**

Mailing Address

**3840 N. 50TH ST.  
TAMPA FL 33619**

2. Principal Place of Business

**900-G ANASTASIA BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**5908 BRECKENRIDGE PKWY**

Suite, Apt. #, etc.

City & State

**ST. AUGUSTINE FL**

Zip Country

**32085**

City & State

**TAMPA FL**

Zip Country

**33610**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ERGER, ROBERT B  
3840 N.50TH ST.  
TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name

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

**5908 BRECKENRIDGE PKWY**

City

**TAMPA FL**

FL

Zip Code

**33610**

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

*Robert B. Erger*

**ROBERT B. ERGER SECY TREAS**

**9/10/02**

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) ☒

**FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 \* **D P** ☐ Delete  
NAME **SUNDERLAND, C. MICHAEL**  
STREET ADDRESS **3444 MEMORIAL HWY.**  
CITY-ST-ZIP **TAMPA FL 33607**

TITLE **D V-P** ☐ Delete  
NAME **TABOR, TRAVIS**  
STREET ADDRESS **900-G ANASTASIA BLVD.**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32085**

TITLE **X S-T** ☐ Delete  
NAME **ERGER, ROBERT B**  
STREET ADDRESS **3840 N. 50TH ST.**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5908 BRECKENRIDGE PKWY**  
CITY-ST-ZIP **TAMPA FL 33610**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5908 BRECKENRIDGE PKWY**  
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR - VICE PRES**  
STREET ADDRESS **LUTHER W. PITTS JR.**  
CITY-ST-ZIP **5908 BRECKENRIDGE PKWY**  
**TAMPA FL 33610**

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

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

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

SIGNATURE:

*Robert B. Erger*  
**ROBERT B. ERGER SECY TREAS**

**9/10/02**

**813) 342-9400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)