2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 05, 2003 8:00 am Secretary of State P01000089428 DOCUMENT # 05-05-2003 91887 039 ***150.00 1. Entity Name NBR GROUP II. INC. Mailing Address Principal Place of Business **MICCATOL** 4900 MANATEE AVE WEST STE 101 4900 MANATEE AVE WEST STE 101 **BRADENTON FL 34209 BRADENTON FL 34209** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1141340 Not Applicable Country \$8.75 Additional 5.-Certificate of Status Desired --Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COURTNEY, CALVERT N Street Address (P.O. Box Number is Not Acceptable) 4900 MANATEE AVE WEST STE 101 **BRADENTON FL 34209** 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete COURTNEY, CALVERT N NAME NAME STREET ADDRESS 4900 MANATEE AVE WEST STE 101 STREET ADDRESS **BRADENTON FL 34209** CITY-ST-7P CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 procedulating 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 wit

SIGNATURE:

CITY-ST-ZIP

90129312 Exhibit A ATTACHMENT PO!000089428

Co-Advantage Resources-Florida, Inc., Owners, Officers or Directors

Name:

Dayne Williams

Address:

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Orlando, Florida 32801

Title:

Director, President, CEO

Phone No.:

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Name:

Bruce Goin

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Name:

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