

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90541 038 \*\*\*150.00

**DOCUMENT # P02000037000**

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



Principal Place of Business  
**333 NEEDLES COURT  
LONGWOOD FL 32779**

Mailing Address  
**333 NEEDLES COURT  
LONGWOOD FL 32779**

2. Principal Place of Business  
**Longwood, Florida**

3. Mailing Address  
**333 Needles Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Longwood**

City & State  
**Longwood, FL**

4. FEI Number  
**03-0434532**

Applied For  
Not Applicable

Zip  
**32779**

Country  
**Seminole**

Zip  
**32779**

Country  
**Seminole**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**EDELSTEIN, GORDON  
333 NEEDLES COURT  
LONGWOOD FL 32779**

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 *Gordon Edelstein*  
Signature typed or printed name of registered agent and title if applicable  
**GORDON EDELSTEIN**

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-8-03**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **P** ☐ Delete  
NAME **EDELSTEIN, JEAN**  
STREET ADDRESS **333 NEEDLES COURT**  
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE **MGR** ☐ Delete  
NAME **EDELSTEIN, GORDON**  
STREET ADDRESS **333 NEEDLES COURT**  
CITY-ST-ZIP **LONGWOOD FL 32779**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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: *Gordon Edelstein*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**GORDON EDELSTEIN**

Date

Daytime Phone #

**1-8-03 407-682-5310**

CR2E034 (10/02)