

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-14-2003 90225 002 ***150.00

DOCUMENT # P02000039504

1. Entity Name
ADVANTAGE ENTERPRISES INC.



Principal Place of Business
**3147 MAPLESHADE ST
DELTONA FL 32738**

Mailing Address
**3147 MAPLESHADE ST
DELTONA FL 32738**



01-0670619

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3131 PIGEON COVE ST
Suite, Apt. #, etc.

3. Mailing Address
3131 PIGEON COVE ST
Suite, Apt. #, etc.

City & State
DELTONA FL

City & State
DELTONA FL

4. FEI Number
01-0670619

Applied For
Not Applicable

Zip
32738

Country
VOLUSIA

Zip
32738

Country
VOLUSIA

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

6. Name and Address of Current Registered Agent

**ROEMMELT, JOHN
3147 MAPLESHADE ST
DELTONA FL 32738**

7. Name and Address of New Registered Agent

Name **ROEMMELT, JOHN**
Street Address (P.O. Box Number is Not Acceptable)
3131 PIGEON COVE ST
City **DELTONA FL** Zip Code **32738**

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.

ADDRESS CHANGE ONLY
(NOTE: Registered Agent signature required when re-registering)

3-24-03
DATE

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

TITLE **PVST** ☐ Delete
NAME **ROEMMELT, JOHN**
STREET ADDRESS **3147 MAPLESHADE ST**
CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3131 PIGEON COVE ST**
CITY-ST-ZIP **DELTONA FL 32738**

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

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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:

REQUIRED

3-24-03 386-956-8794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E034 (10/02)