04-28-04 04:22PM FROM-CARR, RIGGS & INGRAM +1-85

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90738 020 ***150.00

DOCUMENT # P03000025062

1. Entity Name: Advantage Rental Property Management, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Florida	2648 Bay St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulf Breeze	City & State
Zip: FL Country: USA	Zip: 32563 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 06-1680912 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Raymond B. Palmer
Street Address (P.O. Box Number is Not Acceptable): 913 Gulf Breeze Parkway Suite 41
City: Gulf Breeze FL Zip Code 32563

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 of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: PTSD NAME: Kathaleen M. Rowe STREET ADDRESS: 2648 Bay St CITY-ST-ZIP: Gulf Breeze, FL 32563	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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11. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kathaleen M. Rowe 4/28/04 (850) 916-9885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034E (12/02)