

**FOR PROFIT CORPORATION
UNIFORM BUSINESS\$ REPORT (UBR)**

FILED ATX1
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000100529
1. Entity Name ADVANTAGE REAL ESTATE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11137 SPRING HILL DRIVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State SPRING HILL, FL		City & State	
Zip 34609	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 14-1911200		Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name HELEN M. CHAPMAN Street Address (P.O. Box Number is Not Acceptable) 8515 FLEETWAY AVENUE		
	City BROOKSVILLE	FL	Zip Code 34613

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 *Helen M. Chapman* HELEN M. CHAPMAN, PRESIDENT x 3/12/05

Signature, typed or printed name 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/S/T HELEN M. CHAPMAN 8515 FLEETWAY AVENUE BROOKSVILLE, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000269203 03/19/05-80001-024 150.00		
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Helen M. Chapman* HELEN M. CHAPMAN x 3/12/05 (352) 684-4087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #