FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2005 8:00 am
Secretary of State
05-27-2005 90022 044 ***150.00

DOCUMENT # P04000151526

1. Entity Name: ADvantage Home Services of Flag

40086057

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1800 Old Moody Blvd	P.O. Box 1684
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bunnell FL	City & State: Bunnell FL
Zip: 32110 County: Volusia	Zip: 32110 Country: 1684

4. FEI Number: 20-1935342 ☐ 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: Joe Loguidice
Street Address (P.O. Box Number is Not Acceptable): 1515 Ridgewood Ave Ste A
City: Holly Hill FL Zip Code: 32117

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] Joe Loguidice 5/15/05
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Skeels 1800 Old Moody Blvd Bunnell FL 32110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Dawn Skeels 1800 Old Moody Blvd Bunnell FL 32110	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: [signature] Dawn Skeels 5/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #