## 2003 FOR PROFIT CORPORATION

## FILED Apr 17, 2003 8:00 am { Secretary of State

04-17-2003 90113 048 \*\*\*150.00

ONIFORM BOSINESS REPORT (OBR)			
DOCUMENT #  1. Entity Name ADVANTAGE COMPUTE RATED	P37011 ER AND LEASING S	SERVICES, INCORPO	
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Principal Place of Business Mailing Address 35246 U.S. 19 NORTH. SUITE 303 35246 U.S. 19 NORTH, SUITE 303 PALM HARBOR FL 34684 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address 5246 W.S. 19 NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 06-1230042 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUGLIA. LOUIS M. Street Add 1050 POINT SEA SIDE DRIVE **CRYSTAL BEACH FL 34681** 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 familia the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition SUGLIA, LOUIS M. NAME NAME 1050 POINT SEA SIDE DR. STREET ADDRESS STREET ADDRESS CRYSTAL BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete TITLE Change Change Addition EASEY, CATHLEEN C. 1050 POINT SEASIDE CRYSTAL BEACH, FL SNGLIA, CATHLEEN C NAME NAME 1050 POINT SEA SIDE DR. STREET ADDRESS STREET ADDRESS CRYSTAL BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received 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 attachm

SIGNATURE: