

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058385

1. Entity Name

ADVANTAGE INSURANCE INCORPORATED

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90060 026 ***150.00

Principal Place of Business

Mailing Address

10532 SPRINGHILL DR
SPRING HILL FL 34608
US

10532 SPRINGHILL DRIVE
SPRING HILL FL 34609-5069
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34609 USA

34609 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3201077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CZERENDA, JOANNE M
10532 SPRINGHILL DRIVE
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Joanne M. Czerenda
12503 Spring Hill Dr.
Spring Hill 34609

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.

SIGNATURE

Signature type: Printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	CZERENDA, JOANNE M	1057 RUDOLPH CT	SPRING HILL FL
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			
<input type="checkbox"/> Delete			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PSTO		14449 Middle Fairway Dr.	Brooksville, FL 34609	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)