2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am P93000066533 DOCUMENT # **Secretary of State** 1. Entity Name 03-11-2002 90049 005 ***150 00 ADVANTAGE COURTS, INC. Principal Place of Business Mailing Address 693 GLADWIN DRIVE Advantage Courts, Inc. FERN PARK FL 32730 RO. EX 640 Oslean, III. 1200) 2. Principal Place of Business 3. Mailing Address 200 Elizabeth P&Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3202927 DSTEER OSTEEN, FL Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired /p/usia 32764 Fee Required UDJUSTA <u>3スフムタ</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LECLAIR, RONALD E Street Address (P.O. Box Number is Not Acceptable) 693 GLADWIN DRIVE 200 Elizabeth Lane FERN PARK FL 32730 OSTERN, FL 32764 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE TITLE ☐ Delete ☐ Addition LECLAIR, RONALD E NAME NAME 200 Elizabeth Lai STREET ADDRESS 693 GLADWIN DRIVE STREET ADDRESS CITY-ST-ZIP FERN BARK-FL 32730 CITY-ST-ZIP OSTERN, FL 32764 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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