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**FILED** 

Jan 10, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

P95000015337

DOCUMENT#

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

## **Secretary of State** 1. Entity Name ADVANTAGE INSURANCE & FINANCIAL SERVICES, INC. 01-10-2002 90010 023 \*\*\*150.00 Mailing Address Principal Place of Business POST OFFICE BOX 940576 POST OFFICE BOX 940576 OFILVE MAITLAND FL 32794-0576 MAITLAND FL 32794-0576 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3300853 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MASSIE, JOHN WESLEY (P.O. Box Number & Not Acceptable) 2658 DERBYSHIRE ROAD MAITLAND FL 32751 # 400 - 4002 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MASSIE, JOHN W NAME NAME #400 4002 101 SOUTHHALL LAND, 2658 DERBYSHIRE ROAD STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition VPST ☐ Delete TITLE TITLE MASSIE, GLENDA K NAME NAME 101 50UTHHALL LAND \$400-4002 2658 DERBYSHIRE ROAD STREET ADDRESS STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 vustee 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 given like sympowered.