2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P95000047976** Mar 06, 2000 8:00 am **Secretary of State** ADVANTAGE REALTY OF LAKE CITY, INC. 03-06-2000 90053 040 ***150.00 Mailing Address Principal Place of Business 1437 W BAYA AVE 1437 W BAYA AVE LAKE CITY FL 32025 LAKE CITY FL 32025-4212 2. Principal Place of Business 3. Mailing Address 45' DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3324412 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name LAWRENCE, BARBARA BYRD Street Address (P.O. Box Number is Not Acceptable) 1457 W. BAYA AVE LAKE CITY FL 32025 Zip Code City FL 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 Fiorida 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. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PTS Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LAWRENCE, BARBARA B STREET ADDRESS STREET ADDRESS **RT 12 BOX 8G** CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE (1ರ ಕಟ್ಟು ಚರ್ಚಿಕ ರ್ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS L PAPER AND TOP CALLS CITY-ST-ZIP CITY-ST-ZIP ☐ Change : ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bullion Figure Powered Lawrence 2/29/2000 (904) 752-8224

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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