

W 03 0000 31413

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000069176**

1. Entity Name

Vantage Group, Inc.



FILED

03 OCT 31 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE**2. Principal Place of Business
1825-A N. Third Street
Suite, Apt. #, etc.3. Mailing Address
1825-A N. Third Street
Suite, Apt. #, etc.City & State
Jacksonville Beach, FLCity & State
Jacksonville Beach, FLZip
32250Country
DuvalZip
32250Country
Duval4. FEI Number
593341672Applied For
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required**DO NOT WRITE
IN THIS SPACE****REINSTATEMENT 00-03**
DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Paul M. Eakin

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

559 Atlantic Blvd., Suite 4

City Atlantic Beach

FL

Zip Code
32233

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 familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul M. Eakin

(NOTE: Registered Agent signature required when reinstating)

10/30/03

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Director, Pres., Secretary,
Treasurer
Ted Biondi
12977 Deep River Way
Jacksonville, FL 32224TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP100021577904
11/12/03-01002-023 **1200.00TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP100021577904
11/12/03-01002-024 **17.50TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
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CITY - ST - ZIP**DO NOT WRITE
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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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted Biondi

10/23/03 (904) 246-6699

Date

Daytime Phone #

CR2E034B (12/02)

zh