

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90577 043 ***150.00

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DOCUMENT # P96000065004

1. Entity Name

ADVANTAGE REALTY OF DESTIN, INC.

Principal Place of Business

Mailing Address

~~10065 EMERALD COAST PKWY~~

P O BOX 1623

~~78-2~~

DESTIN FL 32540-1623

~~DESTIN FL 32550~~

2. Principal Place of Business

3. Mailing Address

87 LIVE OAK ST.

P.O. Box 1623

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NICEVILLE, FL

DESTIN, FL

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3403033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

32578

FLORIDA

32540

FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAFFER, DIANE M

87 LIVE OAK ST

NICEVILLE FL 32578

Name

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

City

FL

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

Diane Shaffer

(Signature, typed or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

3-25-02

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, 2002 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 . ☐ Delete
NAME **PSTD**
STREET ADDRESS **SHAFFER, DIANE M**
CITY-ST-ZIP **87 LIVE OAK ST**
NICEVILLE FL 32578

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

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

3-25-02

DATE

850-897-4146

Daytime Phone #

CR2E034 (9/01)