

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED

May 03, 2000 8:00 am
Secretary of State

03-21-2000 90060 050 ***150.00

DOCUMENT # P96000069935

1. Entity Name

ADVANTAGE FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

208 SW 28TH AVE
DELRAY BEACH FL 33445

P O BOX 7782
DELRAY BEACH FL 33482-7782

2. Principal Place of Business

1050 S. FEDERAL Hwy #146
Suite, Apt. #, etc.
146

3. Mailing Address

1050 S. FEDERAL Hwy
Suite, Apt. #, etc.
146



DO NOT WRITE IN THIS SPACE

City & State
DELRAY Bch FL
Zip
33483
Country
USA

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DELRAY Bch FL
Zip
33483
Country
USA

4. FEI Number 65-0689878

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEFSKY, KAREN J
208 SW 28TH AVE
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name DAVID SHEFSKY
Street Address (P.O. Box Number is Not Acceptable)
1050 S. FEDERAL Hwy #146
City DELRAY Bch FL FL Zip Code 33483

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 DAVID SHEFSKY PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is required when reinstating)

1.19.00
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, 2000 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	DAVID PRESIDENT	<input type="checkbox"/> Delete
NAME	SHEFSKY, DAVID I	
STREET ADDRESS	208 SW 28TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	KAREN J. P.	<input type="checkbox"/> Delete
NAME	SHEFSKY, KAREN J	
STREET ADDRESS	208 SW 28TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.19-00 561-697-1333
Date Daytime Phone #