## 2000 UNIFORM BUSINESS REPORT (UBR)

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## FILED DOCUMENT # **P96000095729** Feb 25, 2000 8:00 am **Secretary of State** CUSTOMER ADVANTAGE, INC. 02-25-2000 90004 047 \*\*\*150.00 Mailing Address Principal Place of Business 426 ST ANDREW DRIVE 426 ST ANDREW DRIVE BELLEAIR FL 33756-1924 **BELLEAIR FL 33756** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State .59-3416656 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARLISLE, DANIEL W Street Address (P.O. Box Number is Not Acceptable) 426 ST. ANDREW DRIVE **BELLEAIR FL 34616** Zip Code 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 Florida 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition DPST TITI F ☐ Change ☐ Delete TITLE CARLISLE, DANIEL W NAME NAME STREET ADDRESS STREET ADDRESS 426 ST ANDREW DRIVE CITY-ST-ZIP CITY-ST-ZIP **BELLEAIR FL 33756** ☐ Addition ☐ Change ☐ Delete TITLE 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 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS 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 peport is true and accurate and their 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 trust de empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it