

# 2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

00 JUL -7 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000006620

R

1. Entity Name  
ADVANTAGE Mortgage Services, INC.

Principal Place of Business Mailing Address  
5287 Erlich Road 5287 Erlich Rd  
Tampa, FL 33624 Tampa, FL 33624

00065766

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3440444		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Alvarez, Anthony S 13704 Plainview Rd Odessa, FL 33556		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Alvarez, Anthony S 5287 Erlich Rd Tampa, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Anthony S. Alvarez 6-9-00 (813) 908-7799  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 034 (9/99)

28-Jun-00

ADVANTAGE MORTGAGE SERVICES, INC  
5287 EWLICH RD  
TAMPA, FL 33624

(813) 908-7799

FEIN # 59-3440444

FL. DEPT. STATE DIVISION OF CORPORATION

ENCLOSED YOU WILL FIND A COPY OF A LETTER WHICH I SENT TO YOU ON APRIL 25,2000

REGARDING MY ANNUAL REPORT AN I ALSO SEND YOU A CHECK FOR \$150.00 BECAUSE

I DID NOT WANT TO BE LATE. YOU SEND MY CHECK BACK WITH A LETTER GIVING ME

UNTIL JUNE 30, 2000 TO FILE THE REPORT AND YOU ALSO SEND ME A BLANK ANNUAL

REPORT FOR ME TO FILL-OUT. I DID WHAT YOU TOLD ME TO DO AND I SEND THE REPORT

BEFORE THE DUE DATE. I AM ASKING YOU TO PLEASE WAVE THOSE CHARGES FOR

ME. WE NEED TO SOLVE THIS PROBLEM A.S.A.P.

SINCERELY

ANTHONY S. ALVAREZ  
PRESIDENT

MARIA J. GONZALEZ  
ACCOUNTANT