

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000027812

1. Entity Name

CO-ADVANTAGE RESOURCES, INC.

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90335 010 ***150.00

Principal Place of Business
111 W. JEFFERSON ST.
SUITE 100
ORLANDO FL 32801

Mailing Address
1411 EDGEWATER DRIVE
STE 203
ORLANDO FL 32804
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
111 W. Jefferson St.
Suite, Apt. #, etc.
Suite 100
City & State
Orlando, FL
Zip Country
32801



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3434670
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HEWITT, BENJAMIN R
1411 EDGEWATER DRIVE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

Name
William H. Robinson, Jr.
Street Address (P.O. Box Number is Not Acceptable)
111 W. Jefferson St., Suite 100
City Orlando FL Zip Code 32801

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 William H. Robinson Jr, Secretary
Signature, typed or printed name of registered agent and title if applicable (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, 2001 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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAYNE		NAME		
STREET ADDRESS	1014 GUENSEY ST.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOIN, BRUCE		NAME		
STREET ADDRESS	1262 MERCEDES PLACE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, BENJAMIN R		NAME		
STREET ADDRESS	1411 EDGEWATER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32804		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE S	William H. Robinson, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	111 W. Jefferson St., Suite 100	
STREET ADDRESS			STREET ADDRESS	Orlando, FL 32801	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

William H. Robinson, Jr., Secretary

Date

Daytime Phone #

CR2E034 (10/00)