

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90093 028 ***150.00

DOCUMENT # P97000027812
1. Entity Name

Co- Advantage Resources, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>111 W Jefferson St</u>		3. Mailing Address <u>111 W Jefferson St</u>	
Suite, Apt. #, etc. <u>Suite 100</u>		Suite, Apt. #, etc. <u>Suite 100</u>	
City & State <u>Orlando FL</u>		City & State <u>Orlando FL</u>	
Zip <u>32801</u>	Country	Zip <u>32801</u>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3434670</u>	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name <u>Robbinson, William H JR</u>
Street Address (P.O. Box Number is Not Acceptable) <u>111 W Jefferson St</u>
<u>Suite 100</u>
City <u>Orlando</u> FL Zip Code <u>32801</u>

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 resigning) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>President</u> <u>Williams, Dayne</u> <u>111 W Jefferson St, Suite 100</u> <u>Orlando FL 32801</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Vice President</u> <u>Goin, Bruce</u> <u>111 W Jefferson St, Suite 100</u> <u>Orlando FL 32801</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Vice President</u> <u>Hewitt, Ben</u> <u>111 W Jefferson St, Suite 100</u> <u>Orlando FL 32801</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Secretary</u> <u>Robbinson, William H JR</u> <u>111 W Jefferson St Suite 100</u> <u>Orlando FL 32801</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>Treasurer</u> <u>Wohn, Jay</u> <u>111 W Jefferson St Suite 100</u> <u>Orlando FL 32801</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: William H. Robbinson Jr 5/1/02 (407)447-3815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)