

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052036

1. Entity Name
ADVANTAGE HOUSING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90058 002 ***150.00

Principal Place of Business
7734 FICQUETTE RD
WINDERMERE FL 34786

Mailing Address
7734 FICQUETTE RD
WINDERMERE FL 34786



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3458685

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KVITKAUSKAS, PATTI
7734 FICQUETTE RD
WINDERMERE FL 34786

Name DAN N. Vu
Street Address (P.O. Box Number is Not Acceptable)
1213 SHELTER ROCK Rd
City ORLANDO FL FL Zip Code 32835

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 re-statuting)

DATE

4/12/01

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
NAME	VU, DAN	
STREET ADDRESS	1213 SHELTER RD	
CITY- ST- ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	VU, TRAM	
STREET ADDRESS	1213 SHELTER RD	
CITY- ST- ZIP	ORLANDO FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	KVITKAUSKAS, PATTI	
STREET ADDRESS	7734 FICQUETTE RD	
CITY- ST- ZIP	WINDERMERE FL 34786	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OSTERBERG, DAVID	
STREET ADDRESS	406 FRANCINE CT	
CITY- ST- ZIP	ORLANDO FL 32824	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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

4/12/01

(904) 235-5907

CR2E034 (10/00)