

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90079 047 ***150.00

DOCUMENT # P97000070688

1. Entity Name

BILLING ADVANTAGE, INC.

Principal Place of Business

**3602 CYPRESS FERN WAY
 CORAL SPRINGS FL 33065**

Mailing Address

**3602 CYPRESS FERN WAY
 CORAL SPRINGS FL 33065**

2. Principal Place of Business

4013 Ocean 1513 NW 158 Ave

3. Mailing Address

**4013 N. Ocean Drive
 302**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Ft. Lauderdale FL

Zip

33028

Country

Broward

Zip

33308

Country

Broward

4. FEI Number

65-0774449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SANFORD, B

**3602 CYPRESS FERN WAY
 CORAL SPGS FL 33065**

7. Name and Address of New Registered Agent

Name

Bradley Sanford

Street Address (P.O. Box Number is Not Acceptable)

4013 N. Ocean Drive

Unit 302

City

Ft. Lauderdale

FL

Zip Code

33308

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)

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, 2002 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

TITLE **D** ☐ Delete
 NAME **SANFORD, BRADLEY**
 STREET ADDRESS **3602 CYPRESS FERN WAY**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **D** ☐ Delete
 NAME **DORSEY, CRAIG A**
 STREET ADDRESS **6525 NW 11TH STREET**
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE **Secretary** ☐ Delete
 NAME **Martha Dorsey**
 STREET ADDRESS **1513**
 CITY-ST-ZIP **1513**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4013 N. Ocean Drive, #302**
 CITY-ST-ZIP **Ft. Lauderdale FL 33308**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4013 N. Ocean Drive #302**
 CITY-ST-ZIP **Ft. Lauderdale FL 33308**

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Martha Dorsey**
 CITY-ST-ZIP **1513 NW 158 Ave. Pembroke Pines FL 33028**

TITLE ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Edward Sanford**
 CITY-ST-ZIP **4532 Lighthouse Circle Orlando FL 32808**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Bradley Sanford
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4-17-02

954-712-5030
 Date Daytime Phone #

CR2E034 (9/01)