

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90041 045 ***150.00

DOCUMENT # P97000087195

1. Entity Name

FINANCIAL ADVANTAGE, INC.

Principal Place of Business

Mailing Address

~~40 E OSCEOLA STREET~~
~~STUART FL 34994~~

~~40 E OSCEOLA STREET~~
~~STUART FL 34994~~

2. Principal Place of Business

400 FLAMINGO Ave
 Suite, Apt. #, etc.

3. Mailing Address

400 FLAMINGO Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

STUART, FL
34996

City & State

STUART, FL
34996

4. FEI Number

65-0788443

Applied For

Not Applicable

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

FLOWERS, ROBERT J
40 E OSCEOLA STREET
STUART FL 34994

Name

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

400 FLAMINGO Ave

City

STUART

FL

Zip Code

34996

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **FLOWERS, ROBERT J**
 CITY-ST-ZIP **40 E OSCEOLA STREET**
STUART FL 34994

TITLE ☒ Change ☐ Addition
 NAME *400 FLAMINGO Ave*
 STREET ADDRESS *STUART, FL 34996*
 CITY-ST-ZIP *STUART, FL 34996*

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **FLOWERS, AVAGAIL V**
 CITY-ST-ZIP **40 E OSCEOLA ST**
STUART FL 34994

TITLE ☒ Change ☐ Addition
 NAME *400 FLAMINGO Ave*
 STREET ADDRESS *STUART, FL 34996*
 CITY-ST-ZIP *STUART, FL 34996*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
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TITLE ☐ Delete
 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:

Robert J. Flowers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/2002

Daytime Phone #

CR2E034 (9/01)