


**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90117 006 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P98000000544</b>					
1. Entity Name <b>ADVANTAGEMENT, INC.</b>					
Principal Place of Business P O BOX 30325 PALM BEACH GARDENS, FL 33420-0325			Mailing Address C/O GILLESPIE 721 U.S. HWY 1, STE 121 NORTH PALM BEACH, FL 33408-4591		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
5. Name and Address of Current Registered Agent <b>GREENE, WILLIAM J 391 JUPITER LANE JUPITER BEACH, FL 33408</b>				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all officerlike empowered.					
SIGNATURE: <u>William J Greene</u> <b>5/10/03 581.775.7911</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90135295



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0827579** Applied For ☐ Not Applicable

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

CR2E034 (10/02)

Attachment 90135295  
Do# P98000000544

Uniform Business Report  
Division of Corporations  
P.O. Box 1500,  
Tallahassee, FL, 32302-1500.

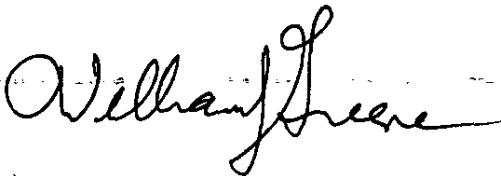
5-10-03

Dear Sir/ Madam,

I apologize that this Uniform Business Report is late. I have been very busy tending to an illness in the family and unfortunately I have overlooked this very important document.

Please accept this document,

Yours Sincerely,

A handwritten signature in cursive script, reading "William J. Greene". The signature is written in dark ink and is positioned above the printed name.

William J Greene