2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000044620 May 03, 2000 8:00 am Secretary of State ADVANTAGE ASSESSMENT, INC. 05-03-2000 90116 047 ***150.00 Principal Place of Business Mailing Address 343-DEER POINT DRIVE 343 DEER POINT DRIVE GULF BREEZE FL 32561 GULF BREEZE FL 32561-4508 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3520512 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, CHRISTOPHER M Street Address (P.O. Box Number is Not Acceptable 343 DEER POINT DRIVE GULF-BREEZE-FL 32561 tement formit purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ent Signature, typed or printed name of registered agent and title if applicable required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition TITLE ☐ Delete NAME SMITH, CHRISTOPHER M NAME STREET ADDRESS STREET ADDRESS 343 DEER POINT DRIVE 204 CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** 30I Change ☐ Addition ☐ Delete TITLE HANDLEY, TIMOTHY S NAME STREET ADDRESS 1634 KAUAI COURT STREET ADDRESS CITY-ST-7/P CITY-ST-7IP **GULF BREEZE FL 32561** ___ Addition Change **X** Delete DAY .: WILLIAM E NAME NAME STREET ADDRESS 3400 WIMBLETON DRIVE VILLA NO. 5 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 empowers 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 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF