

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

0381922 AV

05-01-2003 90805 005 ***150.00

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1. Entity Name
ADVANTAGE BANKSHARES, INC.

Principal Place of Business
**741 US HIGHWAY ONE
NORTH PALM BEACH FL 33408**

Mailing Address
**741 US HIGHWAY ONE
NORTH PALM BEACH FL 33408**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0925265

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

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

**CALDWELL, R. MICHAEL
C/O ADVANTAGE BANKSHARES, INC.
741 US HIGHWAY ONE
NORTH PALM BEACH FL 33408**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D**
STREET ADDRESS **TUCKER, ALLEN**
CITY-ST-ZIP **3440 S OCEAN BLVD, 502 S
PALM BEACH FL 33480**

TITLE Change Addition
NAME **T**
STREET ADDRESS **Herrera, Pedro A.**
CITY-ST-ZIP **460 Fontana Drive
Palm Springs, FL 33461**

TITLE Delete
NAME **D**
STREET ADDRESS **JEFFER, HERMAN**
CITY-ST-ZIP **19950 BEACH RD, APT 8N
JUPITER FL 33469**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **DP**
STREET ADDRESS **CALDWELL, R. MICHAEL**
CITY-ST-ZIP **13085 COASTAL CIR
PALM BEACH GARDENS FL 33437**

TITLE Change Addition
NAME **S**
STREET ADDRESS **Vallario, Lori A.**
CITY-ST-ZIP **639 Hudson Bay Drive
Palm Beach Gardens, FL 33410**

TITLE Delete
NAME **D**
STREET ADDRESS **FRIEDMAN, DAVID A**
CITY-ST-ZIP **7069 BRUNSWICK CIRCLE
BOYNTON BEACH FL 33437**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **T**
STREET ADDRESS **SCHOFIELD, WILLIAM A**
CITY-ST-ZIP **2000 N ESTRELLA CT., APT 206
PALM BEACH GARDENS FL 33408**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **S**
STREET ADDRESS **VALLARIO, LORI A**
CITY-ST-ZIP ~~1140 11TH COURT
JUPITER FL 33477~~

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003 **561-840-7751**
Date Daytime Phone #

CFR2E034 (10/02)