

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90366 001 \*\*\*150.00

**DOCUMENT # P99000030704**

1. Entity Name

**ADVANTAGE MARKETING CONCEPTS, CORPORATION**

Principal Place of Business

5329 SUMMERLIN RD. APT 15  
 FT. MYERS FL 33919

Mailing Address

16520 S. TAMiami TRAIL#18-269  
 FT. MYERS FL 33908-4569

2. Principal Place of Business

919 Cape Coral Pkwy W.  
 Suite, Apt. #, etc.

3. Mailing Address

P.M.B. 188 1616-102 Cape Coral Pkwy W.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral FL

City & State

Cape Coral FL

4. FEI Number

59-3637702

Applied For

Not Applicable

Zip

33914

Country

U.S.

Zip

33914

Country

U.S.

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WOOD, COREY M**  
 5329 SUMMERLIN RD, APT 15  
 FT. MYERS FL 33919

7. Name and Address of New Registered Agent

Name

Corey M. Wood

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

919 Cape Coral Pkwy W.

City

Cape Coral

FL

Zip Code

33914

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

04/12/00

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, 2000 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	G.E.O.	<input type="checkbox"/> Delete
NAME	Corey M. Wood	
STREET ADDRESS	919 Cape Coral Pkwy W.	
CITY-ST-ZIP	Cape Coral FL 33914	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Earl D. Wood	
STREET ADDRESS	919 Cape Coral Pkwy W.	
CITY-ST-ZIP	Cape Coral FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**  
 COREY M. WOOD

04/12/00  
 Date

(941) 541-2403  
 Daytime Phone #

CR2E034 (9/99)