2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNA

FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 29, 2001 8:00 am **DOCUMENT # P99000030704 Secretary of State** ADVANTAGE MARKETING CONCEPTS, CORPORATION 01-29-2001 90060 007 ***158.75 Principal Place of Business Mailing Address P.M.B. 188 1616-102 CAPE CORAL PKWY W. 1616-102 CAPE CORAL PKWY W. CAPE CORAL FL 33914 CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address 2710 Del Prodo Blud 2710 Del Prado Biva Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>井 2-251</u> Applied For City & State 4. FEI Number 59-3637702 Cape Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33904 Fee Required u s A U.S.A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wood WOOD, COREY M Street Address (P.O. Box Number is Not Acceptable) 919 CAPE CORAL PKWY W. CAPE CORAL FL 33914 5. F 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. SIGNATURE (NOTE: Regist FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. CEO EO TITLE ☐ Delete TITLE WOOD, COREY M WOOD, COREY M NAME NAME 2710 Del Prado Blid Ha-257 919 CAPE CORAL PKWY W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP ape com/ Fl 33904 ☐ Delete TITLE TITLE WOOD ERIK O BIVE # 2-257 WOOD, ERIK O NAME NAME 919 CAPE CORAL PKWY W STREET ADDRESS STREET ADDRESS Cape coral fl 33904 CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.