

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90011 007 ***150.00

DOCUMENT # 999 0000 37881

1. Entity Name

ADVANTAGE PROFESSIONAL MANAGEMENT GROUP INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5260 W 12th BRONSON HWY

3. Mailing Address

5260 W 12th BRONSON HWY

Suite, Apt. #, etc.

SUITE 118

Suite, Apt. #, etc.

SUITE 118

City & State

MISSISSAUGA FL

City & State

MISSISSAUGA FL

Zip

Country

34746

Zip

Country

34746

4. FEI Number

593573870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MALCOLM WRIGHT

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

2201 SPIVET LANE

City

ORLANDO

FL

Zip Code

32837

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

PRESIDENT

4/30/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

MALCOLM WRIGHT

2201 SPIVET LANE

ORLANDO FL 32837

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STJ

GILLIAN WRIGHT

2201 SPIVET LANE

ORLANDO FL 32837

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all powers, authorized.

SIGNATURE:

PRESIDENT

4/30/02

407-421-6660

SIGNATURE OF OFFICER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #