2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900043846 1. Entity Name THE CAPITAL ADVANTAGE, INC.					Secretary of State 04-22-2002 90188 038 ***150.00			
Principal Plac 2906 BANCHO WINTER PARI		Mailing Address 2906 BANCHORY RD. WINTER PARK FL 32792				T KANDANI NA 1906 PAN SANDANA ASIN SAN	8/618 12/ 8 / 2 8 /71	Diril 3011 1801
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FE	NOT APPLICABLE	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country		-5. Certificate of Status Desired			
	6. Name and Address of Current	Registered Agent		Name	7. Na	me and Address of New Registered	Agent	
KIWUS, DONALD P 2906 BANCHORY RD. WINTER PARK FL 32792				Street Address (P.O. Box Number is Not Acceptable)				
				City		Fi	Zip Cod	e
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	ed office or registere	ed ager	nt, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered	d Agent signature required w	when reins	stating) DATE		
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 \$ After May 1, 2002 Fee will Make Check Payable to Depar		will be \$550.00	e	Election Campaign Financing Trust Fund Contribution.		0 May Be d to Fees
11.	OFFICERS AND		12.		ADD	ITIONS/CHANGES TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KIWUS, DONALD P 2906 BANCHORY RD. WINTER PARK FL 32792	☐ Delete					☐ Change	Addition
TALE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				٠.	☐ Change	☐ Addition
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	• • •	Delete	NAME STREE		-	mander, and an extension of the second	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.,	☐ Delete		!			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ı			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		ı			☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emporation, or on an attackiment with an address, v	true and accurate and that movered to execute this report a	ny signat as requir	ure shall have the sa ed by Chapter 607, I	ame leg Florida	al effect as if made under oath; that I	am an officer in Block 11 o	or director

SIGNATURE:

8April 02