2004 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P99000054700

FILED

02 APR 30 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

VANTAGE 360, INC.

Principal Place of Business	Mailing Address
7071 UNIVERSITY BLVD WINTER PARK FL 32792	7071 UNIVERSITY BLVD WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4074 TENITA DR	6545 CORPORATE CENTRE BLVD
Suite, Apt. #, etc.	Suite Apt. # etc. SUITE 200
City & State: WINTER PARK, FL	City & State: ORLANDO
Zip: 32792 Country: USA	Zip: 32822 Country: USA

4. FEI Number 59-3586913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHADWICK, KIRSTIE
4074 TENITA DR
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name

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

6545 CORPORATE CENTRE BLVD #200

City ORLANDO FL Zip Code 32822

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 Will Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHADWICK, KRISTIE L 4074 TENITA DRIVE WINTER PARK FL 32792	☐ Delete	700005491677--3 -05/08/02--01043--008 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHELPS, ROBIN 4074 TENITA DRIVE WINTER PARK FL 32792	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

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 a director or officer 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 12 if changed, or on an attached sheet, with all other like empowered.

SIGNATURE: Kristie Chadwick 4-29-02 407-514-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number