2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # **P99000055363** ADVANTAGE COMPUTING, INC. 04-04-2001 90014 036 ***150.00 Principal Place of Business Mailing Address 9840 MAJESTIC WAY 9840 MAJESTIC WAY BOYNTON BEACH FL 33437 **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAJEN 10221 CUOZZI, KAREN Street Address (P.O. Box Number is Not Acceptable) 4235 PALM FOREST DRIVE SOUTH **DELRAY BEACH FL 33445** 8. The above named enlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 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 Pavable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete NAME SLATIN, MITCHELL L 9840 Majestic WAY STREET ADDRESS STREET ADDRESS 4235 PALM FOREST DRIVE SOUTH Boynton Beach, FL 33437 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** TITLE ☐ Delete TITLE 9840 MAJESTIC WAY CUOZZI, KAREN NAME NAME 4235 PALM FOREST DIRVE SOUTH STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33437 CITY_ST_7IP CITY-ST-7IP DELRAY BEACH FL 33445 ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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 in poweres.