

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91332 008 ***150.00

DOCUMENT # P99000055363 ✓

1. Entity Name

Advantage Computing, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9840 MAJESTIC WAY

Suite, Apt. #, etc.

3. Mailing Address

9840 MAJESTIC WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

65-0930792

Applied For

Not Applicable

Zip

33437

Country

USA

Zip

33437

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Mitchell Slatin

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

9840 MAJESTIC WAY

City

Boynton Beach

FL

Zip Code

33437

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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

P
KAREN CUZZI SLATIN
9840 MAJESTIC WAY
Boynton Beach, FL 33437

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V/T
MITCHELL SLATIN
9840 MAJESTIC WAY
Boynton Beach, FL 33437

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 other like empowered.

SIGNATURE:

[Signature] (MITCHELL SLATIN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 561-732-5685

DATE

Dayside Phone #

CR2E034B (12/01)