

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-16-2001 90026 017 ***150.00

DOCUMENT # P99000083884

1. Entity Name

COMPETITIVE ADVANTAGE, INC.

Principal Place of Business

Mailing Address

PO BOX 366789
 BONITA SPRINGS FL 34136

PO BOX 366789
 BONITA SPRINGS FL 34136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2041018**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHURCH, ANTHONY B

~~4710 ST CROIX LANE, APT #212~~

~~NAPLES FL 34109~~

**25098 PINEWATER COVE LN
 BONITA SPRINGS, FL 34134**

Name

CHURCH ANTHONY B

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

25098 PINEWATER COVE LN

~~PO BOX 366789~~

City

BONITA SPRINGS

FL

Zip Code

34134

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, typed or 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) ☐

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 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CHURCH, ANTHONY B	
STREET ADDRESS	4710 ST CROIX LANE APT #212	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHURCH, DEBRA A	
STREET ADDRESS	4710 ST CROIX LANE APT #212	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCH, ANTHONY B	
STREET ADDRESS	PO BOX 366789	
CITY-ST-ZIP	BONITA SPRINGS, FL 34136	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCH DEBRA A	
STREET ADDRESS	PO BOX 366789	
CITY-ST-ZIP	BONITA SPRINGS FL 34136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/01

Date

941-390-2320

Daytime Phone #

CR2E034 (10/00)