

2001 UNIFORM BUSINESS REPORT (UBR)

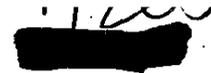
FILED
Jun 08, 2001 8:00 am
Secretary of State

05-16-2001 90026 017 ***150.00

DOCUMENT # P99000083884

1. Entity Name
COMPETTIVE ADVANTAGE, INC.

Principal Place of Business Mailing Address
 PO BOX 366789 PO BOX 366789
 BONITA SPRINGS FL 34136 BONITA SPRINGS FL 34136



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-2041018		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---	------------------------------------

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME P CHURCH, ANTHONY B STREET ADDRESS 4710 ST CROIX LANE APT #212 CITY-ST-ZIP NAPLES FL 34109	<input type="checkbox"/> Delete	TITLE NAME P CHURCH, ANTHONY B STREET ADDRESS PO BOX 366789 CITY-ST-ZIP BONITA SPRINGS, FL 34136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VP CHURCH, DEBRA A STREET ADDRESS 4710 ST CROIX LANE APT #212 CITY-ST-ZIP NAPLES FL 34109	<input type="checkbox"/> Delete	TITLE NAME VP CHURCH DEBRA A STREET ADDRESS PO BOX 366789 CITY-ST-ZIP BONITA SPRINGS FL 34136	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Anthony B Church Date: 5/7/01 Daytime Phone #: 941-390-2320

CRE034 (10/00)