

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V42373

1. Entity Name

ADVANTAGE INSURANCE AGENCY INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90169 017 ***150.00

Principal Place of Business Mailing Address
307 PONTOTOC ST P.O. BOX 980
AUBURNDAL FL 33823 AUBURNDAL FL 33823-0980
US US

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3127325 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MC KINNEY, FLETCHER L.
406 GRIMES DR..
AUBURNDAL FL 33823

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2000 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 D ☐ Delete
NAME MC KINNEY, FLETCHER L.
STREET ADDRESS 406 GRIMES DR.
CITY-ST-ZIP AUBURNDAL FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ 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: *Fletcher L. McKinney* FLETCHER L. MCKINNEY 4/9/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 863-967-1079