

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

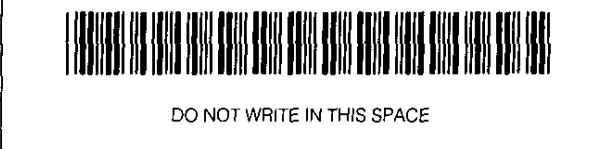
05-10-2001 90135 001 ***150.00

DOCUMENT # P99000002620
 1. Entity Name
OMNI UNIVERSAL INCORPORATED

Principal Place of Business Mailing Address
1311 N. WESTSHORE BLVD., #113 **1311 N. WESTSHORE BLVD., #113**
TAMPA FL 33607 **TAMPA FL 33607**

2. Principal Place of Business 3. Mailing Address
4532 W. Kennedy Blvd. **Po Box 20507**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Tampa, FL **Tampa, FL**
 Zip Country Zip Country
33627 **US** **33622** **US**



4. FEI Number **59-3559471** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SELLAS, JOHN A
1311 N. WESTSHORE BLVD., #113
TAMPA FL 33607

7. Name and Address of New Registered Agent
 Name **SELLAS John**
 Street Address (P.O. Box Number is Not Acceptable)
4532 W. Kennedy Blvd, Ste. 255
 City **Tampa** FL Zip Code **33609**

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]* DATE **04/30/01**
Signature, typed or printed name of registered agent as 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELLAS, JOHN A	NAME	SELLAS John, A.
STREET ADDRESS	1311 N. WESTSHORE BLVD., #113	STREET ADDRESS	4532 W. Kennedy Blvd
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* **John A. SELLAS As Pres** Date **04/30/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)