

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 523601

1. Entity Name

OMNI CERAMIC STUDIO, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90193 033 \*\*\*150.00

Principal Place of Business

5304 MANATEE AVE W.  
BRADENTON FL 34209  
US

Mailing Address

5304 MANATEE AVE W.  
BRADENTON FL 34221-5206  
US

2. Principal Place of Business

315 7TH ST W

Suite, Apt. #, etc.

3. Mailing Address

315 7TH ST W

Suite, Apt. #, etc.

City & State

PAIMETTO FL

City & State

PAIMETTO FL

Zip

34221

Country

USA

Zip

34221

Country

USA

4. FEI Number

59-2024686

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

CUNNINGHAM, PATRICK R.  
3008 MANATEE AVENUE WEST  
BRADENTON FL 34205

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | P                      | <input type="checkbox"/> Delete |
| NAME           | TODOROVICH, STEPHEN    |                                 |
| STREET ADDRESS | 86 FT. COUCH ROAD      |                                 |
| CITY-ST-ZIP    | PITTSBURGH PA          |                                 |
| TITLE          | VPT                    | <input type="checkbox"/> Delete |
| NAME           | JAHNKE, WILLIAM E      |                                 |
| STREET ADDRESS | 3417 WOODY CT, LOT 601 |                                 |
| CITY-ST-ZIP    | ELLENTON FL            |                                 |
| 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    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| 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    |  |   |
| 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:

*Michael J. Jahnke*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2000

Date

941-721-7796

Daytime Phone #

CR2E034 (9/99)