2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 524627

1. Entity Name

OMEGA DOOR MFG. CO. OF VENICE

Omega Garage Doors, Inc.

FILED

00 JUL 12 AM 7:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
328 SEABOARD AVE VENICE FL 34292	328 SEABOARD AVE VENICE FL 34292-2622

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1710593 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BUONPANE, JAMES A~~
~~1778 BAYSHORE DR~~
~~ENGLEWOOD FL 34223~~

7. Name and Address of New Registered Agent

Name RICHARD BUONPANE
Street Address (P.O. Box Number is Not Acceptable) 1866 BAYSHORE DR
ENGLEWOOD, FL 34223
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 Richard Buonpane

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

TITLE	SD	☒ Delete
NAME	~~BUONPANE, JAMES A~~	
STREET ADDRESS	~~1778 BAYSHORE DR~~	
CITY-ST-ZIP	~~ENGLEWOOD, FL 00000~~	
TITLE	PD	☐ Delete
NAME	BOUNPANE, RICHARD	
STREET ADDRESS	1866 BAYSHORE DRIVE	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

RECEIVED APR 24 2000

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		

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****150.00 ****150.00

VENDOR	DATE
#	DUE
INVOICE #	REF.
DATE REC'D	CASE FOR
ACCT	TOTAL
DATE PD	RECORDED
CK #	BY

7/12

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: Richard Buonpane President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 941-484-3733 Daytime Phone #