

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90093 029 ***150.00

DOCUMENT # 622184



1. Entity Name
OMEGA INSURANCE COMPANY

Principal Place of Business
**601 II RIVERSIDE AVE
#619
JACKSONVILLE FL 32204**

Mailing Address
**601 II RIVERSIDE AVE
619
JACKSONVILLE FL 32204**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1906611**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
STATE OF FLORIDA, CAPITOL BLDG.
TALLAHASSEE FL 32304**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STEIN, ROBERT L	
STREET ADDRESS	3903 ORTEGA BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KYLE, WILLIAM L., JR.	
STREET ADDRESS	4250 LAKESIDE DRIVE, 304	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	CPT	<input type="checkbox"/> Delete
NAME	WINSTON, JAMES HORNER	
STREET ADDRESS	601 II RIVERSIDE AVE #619	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BATEH, RENEE	
STREET ADDRESS	8180 WEKIVA WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINSTON, MARY B	
STREET ADDRESS	4825 ORTEGA BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCRAE, WALTER A JR	
STREET ADDRESS	1725 MEMORIAL PARK DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32204	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY A. ROSS	
STREET ADDRESS	2803 UNISON COURT	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARY A. ROSS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03 **(904) 358-2625 X18**
Date Daytime Phone #

CR2E034 (10/02)