

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 826412

1. Entity Name

OMS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

941 FRY ROAD
PO BOX A
GREENWOOD IN 46142-1821

941 FRY ROAD
PO BOX A
GREENWOOD IN 46142-6599

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-1891575

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

PORTER, ARCHIE
419 76TH AVE
ST PETERSBURG BEACH FL

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME CROUSE, J.B., JR.
STREET ADDRESS 941 FRY ROAD
CITY-ST-ZIP GREENWOOD IN

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

TITLE D ☐ Delete
NAME ROY KANE
STREET ADDRESS 941 FRY RD
CITY-ST-ZIP GREENWOOD IN

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

TITLE V ☐ Delete
NAME SPACHT, RANDALL
STREET ADDRESS 941 FRY RD
CITY-ST-ZIP GREENWOOD IN

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

TITLE V ☐ Delete
NAME DICK, DAVID
STREET ADDRESS 951 FRY RD
CITY-ST-ZIP GREENWOOD IN

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

TITLE T ☐ Delete
NAME HALTOM, DOUGLAS
STREET ADDRESS 941 FRY ROAD
CITY-ST-ZIP GREENWOOD IN

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

TITLE S ☐ Delete
NAME DOTY, SHEILA A.
STREET ADDRESS 941 FRY ROAD
CITY-ST-ZIP GREENWOOD IN

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

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 617, 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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00

317/881-6751

Date

Daytime Phone #

CR2E037 (9/99)