2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 837341

2002 UNIFORM BUSINESS REPORT (UBR)							Jul 11, 2002 8:00 am			
DOCUMENT # 837341 1. Entity Name							Secretary of State			
•		OMES, INC.					07-11-2002 90240	0 031 ***55	58.75	
Principal Pla 2135 DENTO STE. 2 DOTHAN AL US			Mailing Address 2135 DENTON ROAD STE. 2 DOTHAN AL 36303 US							
2. Principal I	Place of Busine	Mailing Address					f Billil Afall Cloif I	EIEH 01814 1881		
Suite, Apt	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	ite	***************************************	City & State			4.	FEI Number 63-0720853	-	pplied For ot Applicable	
Zip		Country	Zip	Cour	ntry	5.	Certificate of Status Desired	\$8.75 Ad	ditional	
	6. Name a	nd Address of Current Re	gistered Agent	<u> </u>		7.	Name and Address of New Registere	•	-	
		ه معده مي دين تا ادام			Name		The state of the s			
BARNES, AMY M C/O PEOPLES FIRST BANK					Street Address (P.O. Box Number is Not Acceptable)					
2900 JEFFERSON STREET										
MARIANNA FL 32446					City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its re-										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! After September 13, 2					IS \$550. Fee will b	e \$750.00	DATE 10. Election Campaign Financing Trust Fund Contribution.	\$5.0	00 May Be	
· · · · · · · · · · · · · · · · · · ·	ena on back)		Make Check Payat		epartmen					
TITLE	PV	OFFICERS AND DI	RECTORS	12. TITLE		PY	ODITIONS/CHANGES TO OFFICERS A	ND DIRECTOR Change	S IN 11	
NAME STREET ADDRESS	BRYAN, GEORGE A ROUTE 1			NAM STRE	E ET ADDRESS	Bryan, 1	Alen	Change	Addition	
CITY: ST-ZIP					-ST-ZIP	Thorter	ville, AL	Chanca	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN, GEORGE ROUTE 1 SHORTERVILLE AL				A					
TITLE	BRYAN, HELEN ROUTE 1				E ET ADDRESS -ST-ZIP	ST Bright Boute	, Carol L.	Change	Addition	
TITLE	SHONIENVI	LLE AL	☐ Delete	TITLE		Short	erville, AL	☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP					et address - ST-ZIP					
TITLE NAME			☐ Delete	TITLE				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP				STRE	ET ADDRESS -St-Zip					
TITLE NAME			☐ Delete	TITLE			1,1 1 - 10, a	Change	☐ Addition	
TOCCT ANNOUNCE				■ eme	ET ADDDESC					

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 true tee 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 life empowered. changed, or on an attachment

SIGNATURE

CITY-ST-ZIP

FILED