

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90814 046 ***150.00

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1. Entity Name

OMEGA REQUIESCENCE, INC.



Principal Place of Business

**3829 DARSTON STREET
PALM HARBOR FL 34685**

Mailing Address

**3829 DARSTON STREET
PALM HARBOR FL 34685**

2. Principal Place of Business

800 TARPON WOODS BLVD

3. Mailing Address

800 TARPON WOODS BLVD

Suite, Apt. #, etc.

F3

Suite, Apt. #, etc.

F3

City & State

PALM HARBOR FL

City & State

PALM HARBOR FL

Zip

34685

Country

USA

Zip

34685

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

34-1869587

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NIXON, MARILYN A
3829 DARSTON STREET
PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent

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

TITLE **CP** ☐ Delete
NAME **NIXON, MARILYN A**
STREET ADDRESS **3829 DARSTON STREET**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **DST** ☐ Delete
NAME **INMAN, ROBERT J**
STREET ADDRESS **4428 WORTHINGTON CIRCLE**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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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:

Marilyn A. Nixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARILYN A. NIXON

4/25/03

(727) 787-9163

Date

Daytime Phone #

CR2E034 (10/02)