

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90063 038 ***150.00

DOCUMENT # F22348

1. Entity Name

OMEGA METALS, INC.

Principal Place of Business

6689 SHANDS ROAD
 KEYSTONE HEIGHTS FL 32656-9744

Mailing Address

6689 SHANDS ROAD
 KEYSTONE HEIGHTS FL 32656-9744

C0070734



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2058028

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FULLER, BARRY J
1210 KINGSLEY SUITE 2
ORANGE PARK FL FL 32073

Name **FULLER, BARRY J. (CHANGE OF ADDRESS ONLY)**

Street Address (P.O. Box Number is Not Acceptable)
2301 Park Ave. Suite 404

City **Orange Park** **FL** Zip Code **32073**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PRESLEY, JOHN E.	
STREET ADDRESS	11926 MANDARIN RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRESLEY, LUCILLE	
STREET ADDRESS	11926 MANDARIN RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WIISANEN, ERIK	
STREET ADDRESS	1579 HISTY LAKE DR.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PITTS, DONNIE	
STREET ADDRESS	7486 LAKEVIEW ST.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIISANEN, ERIK	
STREET ADDRESS	1579 Misty Lake Dr.	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIISANEN, ERIK	
STREET ADDRESS	1579 Misty Lake Dr.	
CITY-ST-ZIP	Orange Park, FL 32073	
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		

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: Lucille R. Presley
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4-17-00
 Date

Daytime Phone #

CR2E034 (9/99)