

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2058028

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

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 ☐ Delete

P  
NAME PRESLEY, JOHN E.  
STREET ADDRESS 11926 MANDARIN RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete

T  
NAME PRESLEY, LUCILLE  
STREET ADDRESS 11926 MANDARIN RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete

S  
NAME WIISANEN, ERIK  
STREET ADDRESS 1579 HITY LAKE DR.  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☒ Delete

V  
NAME PITTS, DONNIE  
STREET ADDRESS 7486 LAKEVIEW ST.  
CITY-ST-ZIP KEYSTONE HEIGHTS FL

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

S  
NAME WIISANEN, ERIK  
STREET ADDRESS 1579 Misty Lake Dr.  
CITY-ST-ZIP Orange Park, FL 32073

TITLE ☐ Change ☒ Addition

V  
NAME WIISANEN, ERIK  
STREET ADDRESS 1579 Misty Lake Dr.  
CITY-ST-ZIP Orange Park, FL 32073

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 SIGNING OFFICER OR DIRECTOR

4-17-00

Date

Daytime Phone #

CR2E034 (9/99)

00070734



DO NOT WRITE IN THIS SPACE