

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State
 01-26-2000 90118 029 ***150.00

DOCUMENT # F33227

1. Entity Name

O & M GENERAL CONTRACTORS, INC.

Principal Place of Business

Mailing Address

6005 PIER PLACE DR.
 P.O. BOX 5341
 LAKELAND FL 33813-3785

6005 PIER PLACE DR.
 P.O. BOX 5341
 LAKELAND FL 33813-3785

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 **59-2091141**

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

MAS, BENITO
6005 PIER PLACE DR.
LAKELAND FL 33813

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

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

TITLE	PD	☐ Delete
NAME	MAS, BENITO L	
STREET ADDRESS	6005 PIER PLACE DR.	
CITY-ST-ZIP	LAKELAND, FLORIDA 00000	
TITLE	DV	☐ Delete
NAME	OLIVERA, FELIPE J	
STREET ADDRESS	6739 CRESCENT LAKE DRIVE	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	DT	☐ Delete
NAME	MAS, LILLIAM R	
STREET ADDRESS	6005 PIER PLACE DR.	
CITY-ST-ZIP	LAKELAND, FLORIDA 00000	
TITLE	DS	☐ Delete
NAME	OLIVERA, ALICIA M.	
STREET ADDRESS	6739 CRESCENT LAKE DRIVE	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
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:

Signature of Benito Mas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

63-644766