

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000005360**

1. Entity Name

FLORIDA OMEGA ENVIRONMENTAL SERVICES, INC.**FILED****Feb 21, 2001 8:00 am**
Secretary of State

02-21-2001 90032 013 ***150.00

Principal Place of Business

**4661 HAMMERMILL ROAD, STE B
TUCKER GA 30084**

Mailing Address

**4661 HAMMERMILL ROAD, STE B
TUCKER GA 30084**

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 **58-1740392**

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****LAWRENCE A. LEVINE, P.A.
4300 N UNIVERSITY DRIVE A-106
FORT LAUDERDALE FL 33351**

Name

Michael Martinez

Street Address (P.O. Box Number is Not Acceptable)

11930 NW 22nd ST

City

Pembroke Pines

FL

Zip Code

33026

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

2/12/019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
JACKSON, KEITH R
627 PEPPERWOOD LANE
STONE MOUNTAIN GA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SHAKIR, ABDUL
4661-B HAMMERMILL RD
TUCKER GA 30084** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Keith R. Jackson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-05-01

Daytime Phone #

770-621-9414

CR2E034 (10/00)