

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90152 025 ***150.00

DOCUMENT # G63296

1. Entity Name

OMEGA INDUSTRIES, INC.

Principal Place of Business

Mailing Address

N. DAVIS
 1502 CREIGHTON RD.
 PENSACOLA, FL 32504

3840 N. DAVIS
 PENSACOLA FL 32504
 1502 CREIGHTON RD.
 PENSACOLA FL 32504

2. Principal Place of Business

1502 CREIGHTON RD.
 Suite, Apt. #, etc.

3. Mailing Address

1502 CREIGHTON RD.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 PENSACOLA, FL

City & State
 PENSACOLA, FL

4. FEI Number 59-2358611

Applied For
 Not Applicable

Zip
 32504

Country
 ESCAMBIA

Zip
 32504

Country
 ESCAMBIA

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

VAN MATRE, THOMAS G., JR.
 4300 BAYOU BLVD.
 SUITE 16
 PENSACOLA FL 32513

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVS
 TRINGAS, GREGORY C.
 2121 WINDERMERE CIRCLE
 PENSACOLA FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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: GREG TRINGAS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 850-477-2210
 Date Daytime Phone #

CR2E034 (9/99)