

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H70066

1. Entity Name

OMNI RECORDS AND VIDEO, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90014 018 ***150.00

Principal Place of Business

Mailing Address

OMNI RECORDS AND VIDEO
MIRACLE CITY MALL
TITUSVILLE FL 32780
US

709 WINGFOOT LANE
MELBOURNE FL 32940-7805

2. Principal Place of Business

SAMB

3. Mailing Address

112 DUDLEY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROCKLEDGE FL.

4. FEI Number 59-2710448

Applied For

Not Applicable

Zip

Country

Zip

Country

32955

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

WINDOM, MIKE
109 WINGFOOT LANE
MELBOURNE FL 32935

Name JOHN WINDOM

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

112 DUDLEY DR

City

ROCKLEDGE

FL

Zip Code

32955

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

PRASIDANT

1-12-00

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 DP
NAME WINDOM, MIKE
STREET ADDRESS 149 MERRITT SQUARE MALL
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

TITLE DP
NAME JOHN WINDOM
STREET ADDRESS 112 DUDLEY DR.
CITY-ST-ZIP ROCKLEDGE FL ☐ Change ☐ Addition

TITLE D
NAME WINDOM, BOBBY
STREET ADDRESS 149 MERRITT SQUARE MALL
CITY-ST-ZIP MERRITT ISLAND FL ☐ Delete

TITLE D
NAME WINDOM, BOBBY
STREET ADDRESS 149 MERRITT SQ
CITY-ST-ZIP MERRITT ISLAND FL ☐ Change ☐ Addition

TITLE VP
NAME WINDOM, JOHN
STREET ADDRESS 112 DUDLEY DR.
CITY-ST-ZIP ROCKLEDGE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRASIDANT 1-12-00

CR2E034 (9/99)