

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90082 002 ***150.00

0039918

DOCUMENT # J30700

1. Entity Name

OMNI INDUSTRIAL CENTER, INC.

Principal Place of Business

1803 U.S. 19
HOLIDAY FL 34691
US

Mailing Address

C/O J. BOB HUMPHRIES ESO
501 E. KENNEDY BLVD. FL 1700
TAMPA FL 33602-4988
US

637399

2. Principal Place of Business

2535 SUCCESS DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2535 SUCCESS DRIVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ODESSA FL

City & State

ODESSA FL

4. FEI Number

59-2723414

Applied For

Not Applicable

Zip

33556

Country

Zip

33556

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUMPHRIES, J. BOB
FOWLER, WHITE LAW FIRM
501 E KENNEDY BLVD #1700
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Richard W. Baker

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

2535 Success Drive

City

Odessa

FL

Zip Code
33556

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, 2001 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 ☐ Delete
NAME **PSTD**
STREET ADDRESS **BAKER, RICHARD W**
CITY-ST-ZIP **2535 SUCCESS DRIVE**
ODESSA FL 33556

TITLE ☒ Delete
NAME **AS**
STREET ADDRESS **HUMPHRIES, J BOB**
CITY-ST-ZIP **501 E KENNEDY #1700**
TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard W. Baker, Director/President

Date

Daytime Phone #

CR2E034 (10/00)