2000 UNIFORM BUSINESS REPORT (UBR)

		# J47115								
OMNIMAX, INC.							Carres Carres Carres			
						_	00 FEB 18 AM	q ; 29		
Principal Place of Business Mailing Address										
% Leonard Pe 810 W. Jeffer! Tallahassee I	son street		% LEONARD PEPPER 310 W. JEFFERSON STREET TALLAHASSEE FL 32301-1419				SECRETARE A UT STATE TALL'AHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address						-				
Suite, Apt.	# etc	 	Suite, Apt. #, etc.			_	DO NOT WRITE IN TH	. 41511 41511 61611 4161	1 4/8/1 (88)	
· ·										
City & State	е		City & State			4. FEI	Number 59-275 1604	<u> </u>	plied For t Applicable	
Zip	Zip Country		Zip Countr		try	5. Certificate of Status Desired Sa.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent			
DCD!	NOD.		Name							
_	PER, LEON/ W. JEFFER	SON STREET	Street Address			(P.O. Box	Number is Not Acceptable)			
TALL	AHASSEE	FL 32301								
					City	FL Zip Code				
8. The above	named entit	y submits this statement fo	or the purpose of changing	its registere	ed office or registe	ered agent,	, or both, in the State of Florida.			
SIGNATURE .										
OIGIVITOTIE :	Signature, typed	or printed name of registered agent	and title if applicable. (N	OTE Registere	d Agent signature require	ed when reinsta	ating) DA	TE		
Tax filling r	-	ible to satisfy its Intangible and elects to do so.	1 1	2000 Fee	IS \$150.00 will be \$550.00 epartment of St	ļ	 Election Campaign Financing Trust Fund Contribution. 	\$5.00 Added	May Be to Fees	
11.		OFFICERS AND		12.		ADDIT	TIONS/CHANGES TO OFFICERS			
TITLE NAME	PD Pepper,	LEONARD	☐ Delete	TITLE NAM	ı			☐ Change	☐ Addition	
STORET ADDRESS CITY_ST-ZIP		T JEFFERSON STREET	•		ET ADDRESS -ST-ZIP					
TITLE	VSD	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE	<u> </u>			☐ Change	Addition	
NAME STREET ADDRESS		jeffrey W. I Jefferson Street		NAM STRE	E ET ADDRESS					
CITY-ST-ZIP	TALLAHA			CITY	-ST-ZIP					
TITLE NAME	VTD PEPPER	MICHAEL T	☐ Delete	TITLE			E0000214:	☐ Change	Addition	
STREET ADDRESS	1529 E. I	NDIANHEAD DR		STRE	ET ADDRESS		60000314 3 -02/23/00			
CITY-ST-ZIP	AS AS	SSEE FL 32301		TITLE	-ST-ZIP		****15 <u>0.0</u> 0		Addition	
NAME	TAYLOR,	JUDITH H		NAM	E			_ , ,	_	
STREET ADDRESS CITY-ST-ZIP	3305 WO Tallaha	ODY WAY SSE FL			ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITLI	i			☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM Stre	E ET ADDRESS					
CITY-ST-ZIP					- ST-ZIP	- ! \	TS		- Addition	
TITLE NAME			☐ Delete	TITLE NAM		}i;	, • •	☐ Change	Addition .	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP	المُحْدِد				
13. I hereby o	L certify that th	e information supplied with	n this filing does not qualify	for the exe	mption stated in S	Section 119	0.07(3)(i), Florida Statutes. I further	certify that the ir	nformation	
indicated of the cor	on this repo	rt or supplemental report is ne receiver or trustee emp	s true and accurate and tha	at my signa ort as requi	ture shall have the	e same ledi	al effect as if made under oath; the Statutes; and that my name appea	at ⊦am an omcer	or airector	
-		SICOLO	11W2 (22) 1512	A		idon+	02/17/00	850-224-	-21 <i>4</i> 1	
SIGNAT	UKE: _	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNAND OFFIC		lice Presi	raent	02/17/00 Date	Daytime Phone *	<u></u>	