

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90122 029 ***150.00

DOCUMENT # J55662

1. Entity Name

OMEGA BUSINESS SOLUTIONS II, INC.

Principal Place of Business

**6354-118TH AVE NORTH
 LARGO FL 33773**

Mailing Address

**6354-118TH AVE NORTH
 LARGO FL 33773**

2. Principal Place of Business

229 AVE K S.E.

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1821

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Winter Haven

Zip

33880

Country

Zip

33882

Country

4. FEI Number

59-2767125

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BLUME, STEPHEN G
 6354-118TH AVE NORTH
 LARGO FL 33773**

7. Name and Address of New Registered Agent

Name

John W. Dial

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

229 AVE K S.E.

Winter Haven

City

FL

Zip Code

33880

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

John W. Dial 3-7-02

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, 2002 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 **PD BLUME, STEPHEN G**
 STREET ADDRESS **170 MARINA DEL REY CT**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☒ Delete
 NAME **VD JASSMANN, JOHN P**
 STREET ADDRESS **308 OEANDER RD**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☒ Delete
 NAME **VD BLUME, DARYL W**
 STREET ADDRESS **7308 SAWGRASS POINT DR**
 CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☒ Delete
 NAME **VD ROBINSON, CHARLES F JR**
 STREET ADDRESS **41 SUNSET BAY DR**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☒ Delete
 NAME **STD DEMA, ANTHONY N**
 STREET ADDRESS **77451 ARLA WAY**
 CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **PD DIAL, MARVIN R.**
 STREET ADDRESS **229 AVE K S.E.**
 CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE ☐ Change ☒ Addition
 NAME **VD BOYD, William A.**
 STREET ADDRESS **4601 REYNOLDS DRIVE**
 CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☒ Addition
 NAME **STD DIAL, John W.**
 STREET ADDRESS **17 EAST LAKE DRIVE**
 CITY-ST-ZIP **HAINES CITY FL 33844**

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

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

TITLE ☐ Change ☐ Addition
 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)(f), 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:

John W. Dial 3-7-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)