

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J57600

1. Entity Name

OMNI GENERAL CONTRACTORS, INC.

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90017 019 ***150.00

Principal Place of Business

1513 S.E. 20TH CT.
CAPE CORAL FL 33990
US

Mailing Address

1513 S.E. 20TH CT.
CAPE CORAL FL 33904-5094
US

2. Principal Place of Business

3726 SE 18th Place
Suite, Apt. #, etc.

3. Mailing Address

3726 SE 18th Place
Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL

4. FEI Number

59-2770083

Applied For

Not Applicable

Zip

33904

Country

LEE

Zip

33904

Country

LEE

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

WINESETT, ROBERT A.
2248 FIRST ST
FORT MYERS FL 33901

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
PTSD
EPPERSON, PAUL E
1513 SE 20TH CT
CAPE CORAL 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:

Paul Eppererson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-00 1941 8540-8292

CR2E034 (9/99)