

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90125 023 ***150.00

DOCUMENT # **J57600**

1. Entity Name

OMNI GENERAL CONTRACTORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3726 SE 18th PLACE

Suite, Apt. #, etc.

3. Mailing Address

3726 SE 18th PLACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL FL

City & State

CAPE CORAL, FL

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**

7. Name and Address of Current Registered Agent

Name

WINESETT, Robert A.

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

2248 FIRST ST.

City

FORT MYERS

FL

Zip Code

33901

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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	PTSD
NAME	EPPERSON, PAUL G.
STREET ADDRESS	3726 SE 18th PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP
NAME	EPPERSON, MARCIA C.
STREET ADDRESS	3726 SE 18th PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Paul G. Epperson

PAUL G. EPPERSON

4-12-02 (941) 540-2630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/01)