

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90146 003 \*\*\*150.00

**DOCUMENT # K94068**

1. Entity Name

**OMNI APPRAISAL GROUP, P.A.**

Principal Place of Business

**15619 PREMIERE DRIVE  
 SUITE 104  
 TAMPA FL 33624**

Mailing Address

**15619 PREMIERE DRIVE  
 SUITE 104  
 TAMPA FL 33624**

2. Principal Place of Business

**8056 N. 56th Street**

3. Mailing Address

**8056 N. 56th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, Florida**

City & State

**Tampa, Florida**

4. FEI Number

**59-2962722**

Applied For

Not Applicable

Zip  
**33617**

Country  
**USA**

Zip  
**33617**

Country  
**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CUDDEBACK, GEORGE A  
 15619 PREMIERE DRIVE, SUITE 104  
 SUITE 104  
 TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name  
**CUDDEBACK, GEORGE A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8056 N. 56th Street**  
 City  
**Tampa** **FL** Zip Code  
**33617**

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, 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD  
 CUDDEBACK, GEORGE A.  
 15619 PREMIERE DR., STE 104  
 TAMPA FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**AS  
 STATON, SUSAN  
 15619 PREMIERE DR., STE 104  
 TAMPA FL** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VPD  
 TRACZYK STEVEN M  
 15619 PREMIERE DRIVE STE 104  
 TAMPA FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VST  
 BLAUSER, RANDY R  
 15619 PREMIERE DRIVE, STE. 104  
 TAMPA FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)