

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000004897**

1. Entity Name

OMNI AUTOMOTIVE MERCHANDISING, LLC

FILED

01 SEP -4 PM 12:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**4611 WEST NORTH A STREET
TAMPA FL 33609**

Mailing Address

**4611 WEST NORTH A STREET
TAMPA FL 33609**

2. Principal Place of Business

4611 W. NORTH A ST
Suite, Apt. #, etc.

3. Mailing Address

4611 W. NORTH A ST
Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3641337

Applied For

Not Applicable

Zip

33609

Country

U.S.A.

Zip

33609

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LOWRY, EMORY C

**4611 WEST NORTH A STREET
TAMPA FL 33609**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**300004601979--1
-09/20/01--01028--004
*****50.00 *****50.00**

9. MANAGING MEMBERS / MEMBERS

TITLE **DIRECTOR** ☐ Delete
NAME **EMORY C. LOWRY**
STREET ADDRESS **4611 W. N. A ST**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE **DIRECTOR** ☐ Delete
NAME **WILLIAM HARVILL**
STREET ADDRESS **4611 W N A ST**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

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