

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006616

1. Entity Name

OMNI CIRCUITS INTERNATIONAL OF FLORIDA, LLC

Principal Place of Business

20 PEACHTREE COURT
SUITE 202
HOLBROOK NY 11741

Mailing Address

20 PEACHTREE COURT
SUITE 202
HOLBROOK NY 11741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

01 AUG 27 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STANTON, ROGER
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name Greg Jargue
Street Address (P.O. Box Number is Not Acceptable)
2062 Weaver Park Drive
City Clearwater FL Zip Code 33765

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]

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
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME Stanton, Roger ☒ Delete
STREET ADDRESS 4420 Beacon Circle
CITY-ST-ZIP Suite 100 West Palm Beach, FL 33407

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME President Greg Jargue ☐ Change ☒ Addition
STREET ADDRESS 2062 Weaver Park Drive
CITY-ST-ZIP Clearwater, FL 33765-2130

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 300004562553--7
CITY-ST-ZIP -08/29/01--01090--001
*****50.00 *****50.00

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

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

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

TITLE NAME ☐ Change ☐ Addition
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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)