

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006616

1. Entity Name

OMNI CIRCUITS INTERNATIONAL OF FLORIDA, LLC

FILED
Jul 21, 2002 8:00 am
Secretary of State

07-21-2002 90015 015 ****50.00

0015136

Principal Place of Business

20 PEACHTREE COURT
SUITE 202
HOLBROOK NY 11741

Mailing Address

20 PEACHTREE COURT
SUITE 202
HOLBROOK NY 11741



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15261 TELCOM DR. 15261 TELCOM DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SPRING HILL FL.

City & State

SPRING HILL FL.

Zip

34604

Country

Zip

34604

Country

4. FEI Number

APPLIED FOR
582550020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JARQUE, GREG
2062 WEAVER PARK DRIVE
CLEARWATER FL 33765

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OTHER FEE
CO-REGISTRAR OF FEE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME JARQUE, GREG
STREET ADDRESS 2062 WEAVER PARK DRIVE
CITY-ST-ZIP CLEARWATER FL 33765-2130

☐ Delete

TITLE P
NAME SCOTT HAGLAND
STREET ADDRESS 20 PEACHTREE CT.
CITY-ST-ZIP HOLBROOK NY 11741

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 15261 TELCOM DR.
CITY-ST-ZIP SPRING HILL FL. 34604

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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

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

DATE

Daytime Phone #

CR2E083 (4/02)