

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90216 010 ****50.00

DOCUMENT # L00000006616

1. Entity Name

OMNI CIRCUITS INTERNATIONAL OF FLORIDA, LLC



Principal Place of Business

**15261 TELCOM DRIVE
SPRING HILL FL 34604**

Mailing Address

**15261 TELCOM DRIVE
SPRING HILL FL 34604**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2550020**

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**

7. Name and Address of New Registered Agent

Name

GREG JARQUE

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

15261 TELCOM DRIVE

City

SPRING HILL

FL

Zip Code

34604

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

[Signature]

[Signature]

1/10/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	JARQUE, GREG	15261 TELCOM DRIVE	SPRING HILL FL 34604	<input type="checkbox"/>	<input type="checkbox"/>
P	HAGLAND, SCOTT	20 PEACHTREE CT	HOLBROOK NY 11741	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

[Signature]

Date

1/10/03

Daytime Phone

CR2E083 (10/02)