

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L18780

1. Entity Name

OMEGA SYSTEMS, INC.

Principal Place of Business

Mailing Address

10500 UNIVERSITY CTR. DR.
STE 160
TAMPA FL 33612

10500 UNIVERSITY CTR. DR.
STE 160
TAMPA FL 33612-6461
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0153335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAULCONER, LEE
10500 UNIVERSITY CTR. DR
STE 160
TAMPA FL 33612

Name

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

City

FL

Zip Code

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME KRAYER, ANTHONY C.
STREET ADDRESS 340 W TROPICAL WAY
CITY-ST-ZIP PLANTATION FL

TITLE VP ☐ Change ☒ Addition
NAME O'NEILL, THOMAS
STREET ADDRESS 15932 ELLSWORTH DR.
CITY-ST-ZIP TAMPA, FL 33647

TITLE PST ☐ Delete
NAME FAULCONER, LEE
STREET ADDRESS 95 SHADOW LANE
CITY-ST-ZIP LAKE LAND FL

TITLE VP ☐ Change ☒ Addition
NAME BERTRAMS, CARL
STREET ADDRESS 25 W 309 WOODSTOCK CT
CITY-ST-ZIP NAPERVILLE, IL 60540

TITLE D VP ☐ Delete
NAME KUSENS, BRUCE
STREET ADDRESS 16422 N.E. 34 AVE.
CITY-ST-ZIP N MIAMI BEACH FL

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

TITLE D VP ☐ Delete
NAME WIENER, DAVID
STREET ADDRESS 10500 UNIVERSITY CTR. DR STE 160
CITY-ST-ZIP TAMPA FL 33612

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

THOMAS O'NEILL THOMAS O'NEILL 4/27/00 813-349-2307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90066 020 ***150.00



DO NOT WRITE IN THIS SPACE