## **FILED** Apr 11, 2003 8:00 am Secretary of State

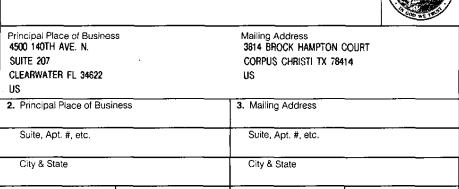
04-11-2003 90090 031 \*\*\*150.00

**2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)** 

**DOCUMENT #** 

34666

1. Entity Name OMNI AVIATION, INC.





2. Principal Place of Business			3. Mai	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State				City & State				FEI Number <b>59-2978067</b>		pplied For	
			<u> </u>						N	ot Applicable	
Zip Country Zip					Coun	try	5. (	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						. <del></del>	· · · 7.~I	Name and Address of New Registered	d Agent	- ·	
BRYANT, CPA, MR. RONALD						Name Street Addre	see (PO B	lox Number is Not Acceptable)			
11839 SAN JOSE BLVD JACKSONVILLE FL 32223						onest Addicto (1.0. Box Names in National Control					
JACKSON	WILLE FL 3	2223									
						City FL Zip Code					
	named entitions of regist		r the purp	ose of changing its	register	ed office or regi	istered ag	ent, or both, in the State of Florida. I ar	n familiar with,	and accept	
the oungat	ions or regist	ered agent.									
SIGNATURE .	Cianatura buood	or printed name of registered agent	and title if see	ligable (NOTE	Do mintono	d Ament signed as as	a dead when a	DATE OF THE PROPERTY OF THE PR		<del></del>	
			and title if app	RICADIO. (NU1E:	Registere	d Agent signature rec	quired when re	einstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of Sta							Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees		
10. OFFICERS AND DIRECTORS					11.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete O'LEARY, JOHN J III 3814 BROCKHAMPTON CT CORPUS CHRISTI TX 78414			• • • • • • • • • • • • • • • • • • • •				☐ Change	☐ Addition		
IITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ille Person Francisch (1997	· · · · · · · · · · · · · · · · · · ·	☐ Delete			~ <del>~ ~ ~ ~ ~</del>		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ET ADDRESS	١		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS				Delete			~		☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

361-698-6730