

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUN 29 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L990000000310

1. Entity Name

Omninvestments, LLC

Principal Place of Business

Mailing Address

2961 La Concha Drive  
Clearwater, FL 33762

5925 Benjamin Center Drive  
Tampa, FL 33634

2. Principal Place of Business

2961 La Concha Drive

Suite, Apt. #, etc.

City & State

Clearwater, FL 33762

Zip

33762

Country

USA

3. Mailing Address

5925 Benjamin Center Drive

Suite, Apt. #, etc.

City & State

Tampa, FL 33634

Zip

33634

Country

USA

4. FEI Number

59-3564720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Casey Lawson  
2961 La Concha Drive  
Clearwater, FL 33762

7. Name and Address of New Registered Agent

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)

5/1/00

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE: Managing Member ☐ Delete  
NAME: Casey Lawson  
STREET ADDRESS: 2961 La Concha Drive  
CITY-ST-ZIP: Clearwater, FL 33762

TITLE: Managing Member ☐ Delete  
NAME: Susan Lawson  
STREET ADDRESS: 2961 La Concha Drive  
CITY-ST-ZIP: Clearwater, FL 33762

TITLE: Managing Member ☐ Delete  
NAME: John Gustavson  
STREET ADDRESS: 2961 La Concha Drive  
CITY-ST-ZIP: Clearwater, FL 33762

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

10. ADDITIONS / CHANGES

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

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

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME:   
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

5/1/00 813/249-2296

Date

Daytime Phone #

CR2E083 (11/99)