

2000 UNIFORM BUSINESS REPORT-(UBR)

FILED
Jun 08, 2000 8:00 am
Secretary of State

DOCUMENT # L99000009002
 1. Entity Name
OMEGA SPECIAL SERVICES, LLC

Principal Place of Business Mailing Address

2. Principal Place of Business 222 West Georgia St. Suite, Apt. #, etc.
 3. Mailing Address P.O. Box 1050 Suite, Apt. #, etc.
 City & State Tallahassee, FL City & State Tallahassee, FL
 Zip 32301 Country Zip 32302 Country

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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3614333 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required
 6. Name and Address of Current Registered Agent
Lewis + White, L.C.
222 West Georgia St.
Tallahassee, FL 32301
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME <u>A. Eugene Lewis, MGR</u> <input type="checkbox"/> Delete STREET ADDRESS <u>222 West Georgia St.</u> CITY-ST-ZIP <u>Tallahassee FL 32301</u>		TITLE NAME <u>500003251915</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <u>-05/15/00--01024--019</u> CITY-ST-ZIP <u>****658.75 *****50.00</u>	
TITLE NAME <input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: A. Eugene Lewis Date 4/30/00 Daytime Phone # 850-425-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CR2E083 (11/99)