

2000 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT #

L99000009002

1. Entity Name

OMEGA SPECIAL SERVICES, LLC

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

Principal Place of Business

Mailing Address

2. Principal Place of Business

222 West Georgia St.

3. Mailing Address

P.O. Box 1050

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3614333

Applied For

Not Applicable

Zip

32301

Country

Zip

32302

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Lewis & White, L.C.
222 West Georgia St.
Tallahassee, FL 32301

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9.

MANAGING MEMBERS / MEMBERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

A. Eugene Lewis, MGR
222 West Georgia St.
Tallahassee, FL 32301

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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10.

ADDITIONS / CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

500003251915-4
-05/15/00--01024--019
*****658.75 *****50.00

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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

Date

Daytime Phone #

4/30/00

850-425-5000

CR2E083 (11/99)