

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90035 006 ****55.00

DOCUMENT # MO1000000879

1. Entity Name

OMEGA DESIGN/BUILD GROUP, L.L.C.



Principal Place of Business

8280 MONTGOMERY RD. STE 203
CINCINNATI OH 45236

Mailing Address

8280 MONTGOMERY RD. STE 203
CINCINNATI OH 45236

20006445

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 31-1714246

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOUHOURTIS, NICHOLAS J

~~11247 SAN JOSE BLVD., #821~~ 1916 St. GEORGE CT.

~~JACKSONVILLE FL 32228~~ MIDDLEBURG, FL.

32068

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Nicholas J. Mouhourtis
Signature, typed or printed name of registered agent and title if applicable.

Nicholas Mouhourtis
(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P
NAME MOUHOURTIS, JAMES N
STREET ADDRESS 8280 MONTGOMERY RD
CITY-ST-ZIP CINCINNATI OH 45236 ☐ Delete

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

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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:

James N. Mouhourtis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/3/03 513-936-8180
Date Daytime Phone #

CR2E083 (10/02)