

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90138 017 \*\*\*550.00

**DOCUMENT # P00000037360**

1. Entity Name

**OMEGA OFFICE SYSTEMS, INC.**

Principal Place of Business

**7860 N. LEEWYNN DR.  
 SARASOTA FL 34240**

Mailing Address

**7860 N. LEEWYNN DR.  
 SARASOTA FL 34240**

2. Principal Place of Business

**672 APEX RD.**

3. Mailing Address

**672 APEX RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

4. FEI Number

**65-0999459**

Applied For

Not Applicable

Zip

**34240**

Country

**U.S.A**

Zip

**34240**

Country

**U.S.A**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOGAN, KEVIN  
 7860 N. LEEWYNN DR.  
 SARASOTA FL 34240**

Name

**LOGAN, Todd**

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

**672 APEX RD.**

City

**SARASOTA**

**FL**

Zip Code

**34240**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/15/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOGAN, KEVIN</b>	
STREET ADDRESS	<b>7860 N. LEEWYNN DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34240</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOGAN, TODD</b>	
STREET ADDRESS	<b>5144 VASSAR LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED LOGAN V.P.**

**7/15/02**

**941-342-8458**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)