

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90007 016 ***150.00

DOCUMENT # P00000060647

1. Entity Name
OMNI COMMUNICATIONS INC.

Principal Place of Business

**2673 ARBUTOS STREET
 NAPLES FL 34112**

Mailing Address

**2673 ARBUTOS STREET
 NAPLES FL 34112**

2. Principal Place of Business

2673 ARBUTUS Street

3. Mailing Address

2673 ARBUTUS Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-3658479

Applied For

Not Applicable

Zip

34112

Country

USA

Zip

34112

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HAM, BRUCE
 501 GOODLETTE RD S. BLDG D
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name: **GEORGIANA OSTRANDER**

Street Address (P.O. Box Number is Not Acceptable)
2673 ARBUTUS Street

City: **NAPLES**

FL

Zip Code: **34112**

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: **Georgiana Ostrander** **GEORGIANA OSTRANDER** **1-25-2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAM, BRUCE	
STREET ADDRESS	4945 10TH AVENUE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OSTRANDER, GEORGIANA	
STREET ADDRESS	2673 ARBUTOS STREET	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGIANA OSTRANDER	
STREET ADDRESS	2673 ARBUTUS ST.	
CITY-ST-ZIP	NAPLES, FL 34112	
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		
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: **Georgiana Ostrander** **GEORGIANA OSTRANDER** **1-25-2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)