

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90180 011 ***150.00

DOCUMENT # P00000100683

1. Entity Name
OMNI SERVICES GROUP, INC.



Principal Place of Business
**4800 SW 64TH AVE., SUITE 103
DAVIE FL 33314**

Mailing Address
**4800 SW 64TH AVE., SUITE 103
DAVIE FL 33314**



2. Principal Place of Business
4350 SW 59 Ave

3. Mailing Address
4350 SW 59 Ave

Suite, Apt. #, etc.
Bldg A

Suite, Apt. #, etc.
Bldg A

City & State
DAVIE FL

City & State
DAVIE FL

Zip
33314

Country
US

Zip
33314

Country
US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **03-0429460**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOBIEWSKI, DENIS P
4800 SW 64TH AVE., SUITE 103
DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4350 SW 59 Ave Bldg A
City **DAVIE** **FL** Zip Code **33314**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SOBIEWSKI, DENIS P**
STREET ADDRESS **4800 SW 64TH AVE., SUITE 103**
CITY-ST-ZIP **DAVIE FL 33314**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME ☐
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Denis Sobiewski**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-03 **954-584-5258**
Date Daytime Phone #

CR2E034 (10/02)