

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90020 008 ***150.00

DOCUMENT # P01000016933

1. Entity Name
ELDORADO OMEGA, INC.



Principal Place of Business
11548 YOUNG ROAD
JACKSONVILLE FL 32118

Mailing Address
P.O BOX 77207
JACKSONVILLE FL 32226



2. Principal Place of Business
11307 HANLAN DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL

City & State

4. FEI Number 59-3705613

Applied For
Not Applicable

Zip 32218 Country DUVAL

Zip Country

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

6. Name and Address of Current Registered Agent

GRAY, MISTIE M
11272 AVERY DRIVE
JACKSONVILLE FL 30118

7. Name and Address of New Registered Agent

Name PATRICIA T WATSON

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

11307 HANLAN DR

City JACKSONVILLE FL Zip Code 32218

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: PATRICIA T WATSON

Patricia T. Watson

2/12/03

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 P
NAME THOMPSON, RUSTON G
STREET ADDRESS 11548 YOUNG ROAD
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE VP
NAME THOMPSON, RUSTON G JR.
STREET ADDRESS P.O BOX 1033
CITY-ST-ZIP WATERFORD CT 06385 ☐ Delete

TITLE ST
NAME GRAY, MISTIE M
STREET ADDRESS 11272 AVERY DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Thompson Ruston G
NAME Thompson Ruston G
STREET ADDRESS 11307 HANLAN DR
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ Change ☐ Addition

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

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

TITLE D
NAME PATRICIA T WATSON
STREET ADDRESS 11307 HANLAN DR
CITY-ST-ZIP JACKSONVILLE, FL 32218 ☐ Change ☒ Addition

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

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

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: Ruston G Thompson Ruston G Thompson 2/12/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)