

# 2002 UNIFORM BUSINESS REPORT (UBR)

0113662 AT

DOCUMENT # P01000048670

1. Entity Name  
OMEGA ALLEN AND ASSOCIATES INC.

FILED

02 OCT 21 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

9454 SAPPINGTON AVENUE  
JACKSONVILLE FL 32208  
US

Mailing Address

9454 SAPPINGTON AVENUE  
JACKSONVILLE FL 32208  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59 3736561

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, ELDRE O  
9454 SAPPINGTON AVENUE  
JACKSONVILLE FL 32208

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

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
ALLEN, OMEGA  
9454 SAPPINGTON AVENUE  
JACKSONVILLE FL 32208 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600008565046 ☐ Change ☐ Addition  
10/24/02--01033--026 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BURNIE, BETTY S  
5626 INTERNATIONAL DRIVE  
JACKSONVILLE FL 32219 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 17, 2002 (904) 465-4660

Date

Daytime Phone #

CR2E034 (4/02)

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

October 17, 2002

This letter is to inform you that I did not receive the filing information until late in the year. We are a newly formed corporation (May 2001), it is likely that our information was somehow delayed to due processing.

After speaking with my CPA regarding the phenomenally high fees, I was advised to pay the regular fees of \$61.25 - Annual Report, and \$88.75 - Supplemental Corporate Fee. Pursuant to the information in the Statutory Citations 607.193 subsection (2) (b), you will find enclosed a check for \$150.00 to cover the aforementioned fees.

Please make the necessary adjustments in your records to assure that this is not repeated next year. I would like to keep things current and clear.

Thank you for your timely assistance in this matter.

Sincerely,



Omega Allen  
President, CEO