

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 21 PM 2:29


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

55050545

4/21/03 91153001,002 158-75

DO NOT WRITE IN THIS SPACE

CHANGE IN MAILING ADDRESS

DOCUMENT # P01000049636	
1. Entity Name OMPAX CORPORATION	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8619 Bridle Path Ct.		3. Mailing Address 8619 Bridle Path Ct.	
Suite, Apt. #, etc. 1		Suite, Apt. #, etc.	
City & State Davie, FL		City & State Davie, FL	
Zip 33328	Country USA	Zip 33328	Country USA

4. FEI Number 59-3724014	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Betty Wallace
Street Address (P.O. Box Number is Not Acceptable) 1302 North N. Street
City Lake Worth
State FL
Zip Code 33460

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	D. SPRATLING, PATRICIA 8619 Bridle Path Ct. DAVIE FL. 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Betty Wallace 1302 North N. Street LAKE WORTH, FL 33460	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-586-3542

CR2004B (12/02)