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FILED
Oct 02, 2002 8:00 am
Secretary of State
09-03-2002 90183 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067859 1

1. Entity Name
OMEGA CONSULTING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

43468

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1000 Belcher Rd. South
Suite, Apt. #, etc. Suite 2
City & State LARGO
Zip FL Country 33771

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59 3730918 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name ~~[illegible]~~ Richard J DaFonte
Street Address (P.O. Box Number is Not Acceptable)
1000 BELCHER RD. South Suite 2
City LARGO FL Zip Code 33771

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT SEC TREAS DIRECTOR	TITLE	
NAME	DAVID F. LYONS	NAME	
STREET ADDRESS	7933 BAYOU CLUB BLVD	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33777	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DAVID F. LYONS 8/29/2002 727 5368882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] 9/18/2002