

FILED
Aug 14, 2003 8:00 am
Secretary of State

07-10-2003 90113 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000026675**
1. Entity Name
OMNI GLASS OF SARASOTA, INC.



Principal Place of Business
**4320 S. LOCKWOOD RIDGE RD.
SARASOTA FL 34231**

Mailing Address
**4320 S. LOCKWOOD RIDGE RD.
SARASOTA FL 34231**

55054180

2. Principal Place of Business
5304 Ashton Court

3. Mailing Address
5304 Ashton Court

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Sarasota FL

City & State
Sarasota FL

Zip
34233

Country
SARASOTA

4. FEI Number
03-0394387

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BLOUNT, JEFFREY L
4320 S. LOCKWOOD RIDGE RD.
SARASOTA FL 34231**

7. Name and Address of New Registered Agent
Name
JEFFREY L. BLOUNT
Street Address (P.O. Box Number is Not Acceptable)
5304 Ashton Court
City
SARASOTA FL Zip Code
34233

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOUNT, JEFFREY L 4320 S. LOCKWOOD RIDGE RD. SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY 5304 Ashton Court SARASOTA FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 powers like empowered.

SIGNATURE: **JEFFREY BLOUNT**
PRESIDENT 7-8-03 941-921-0828

attachment

55054180

#P02000026675

07-08-02

MARY ANN LUKONICH
FOUR PAWS ACCOUNTING INC.
4000 WINTHROP STREET
SARASOTA FL 34232

FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS

DEAR SIR,

I AM WRITING IN REGARDS TO MY CLIENT, OMNI GLASS OF
SARASOTA INC. DOC # P02000026675. HE NEVER RECEIVED HIS
FIRST NOTIFICATION FOR HIS ANNUAL RENEWAL WITH THE STATE. IF
~~YOU ACCESS HIS FILING RECORDS FOR THIS CORPORATION, YOU WILL~~
SEE THAT HE HAS FILED ALL FORMS REQUIRED, STATE, FEDERAL AND
COUNTY IN A TIMELY MANNER. IF HE HAD RECEIVED THE FIRST
NOTICE FOR THIS CORPORATION, THIS WOULD HAVE BEEN PAID ON
TIME. THE PENALTY IS UNJUST DUE TO HIS NOT RECEIVING THE
FORM AND WE ARE ENCLOSING A CHECK FOR THE \$150. HE WOULD HAVE
PAID IF HE HAD RECEIVED IT. THANK YOU FOR YOUR ATTENTION TO
THIS MATTER. YOUR HELP IS GREATLY APPRECIATED.

MARY ANN LUKONICH, TAX PREPARER

Mary Ann Lukonich

JEFF BLOUNT, PRES. OMNI GLASS

JB

COPY