

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90095 015 ***150.00

DOCUMENT # P02000084433

1. Entity Name
OMS ENTERPRISES, INC.



Principal Place of Business
**4225 SHADOW WOOD COURT
WINTER HAVEN FL 33880
US**

Mailing Address
**4225 SHADOW WOOD COURT
WINTER HAVEN FL 33880
US**

2. Principal Place of Business

7583 W. Sand Lake Road

3. Mailing Address

4225 Shadow Wood Ct

Suite, Apt. #, etc.

Orlando

Suite, Apt. #, etc.

Winter Haven

City & State

FL.

City & State

FL.

4. FEI Number

54-2074897

Applied For

Not Applicable

Zip

32819

Country

Orange

Zip

33880

Country

Polk

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERTI, GINO
4225 SHADOW WOOD COURT
WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

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

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** ☐ Delete
NAME **BERTI, GINO**
STREET ADDRESS **4225 SHADOW WOOD COURT**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **VPTS** ☐ Delete
NAME **BERTI, MARY**
STREET ADDRESS **4225 SHADOW WOOD COURT**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: V **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCA 21-2003

Date

863 267-7389

Daytime Phone #

CR2E034 (10/02)