

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90281 050 ***158.75

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

DOCUMENT # P02000091657



1. Entity Name
OMEGA FLUID ENGINEERING CORP.

Principal Place of Business
**5811 PELICAN BAY BOULEVARD
 NAPLES, FL 34108**

Mailing Address
**5811 PELICAN BAY BOULEVARD
 NAPLES, FL 34108**

2. Principal Place of Business
309 CAPE CORAL PKY W

3. Mailing Address
309 CAPE CORAL PKY W



Suite, Apt. #, etc.
206

Suite, Apt. #, etc.
206

CHECK HERE IF MAKING CHANGES

City & State
CAPE CORAL FL

City & State
CAPE CORAL FL

4. FEI Number

Applied For

Not Applicable

Zip
33914

Country
USA

Zip
33914-5973

Country
USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAIMI, BURTON L
 1900 SECOND STREET
 SUITE 763
 SARASOTA, FL 34236**

Name
SUZANNE NIGHTINGALE

Street Address (P.O. Box Number is Not Acceptable)
309 CAPE CORAL PKY W

SUITE 206

City **CAPE CORAL**

FL

Zip Code
33914-5973

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 *Suzanne Nightingale* **SUZANNE NIGHTINGALE, PRESIDENT**

4-23-2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW! FEE IS \$100.00
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	P/T/S/D			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SUZANNE NIGHTINGALE	309 CAPE CORAL PKY W #206	CAPE CORAL FL 33914-5973	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Suzanne Nightingale* **SUZANNE NIGHTINGALE**

4-23-2003

239 340 1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)