

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

FILED
Aug 04, 2003 8:00 am
Secretary of State

07-07-2003 90137 038 ***150.00

DOCUMENT # P02000114734

1. Entity Name

OMACRON CORPORATION



Principal Place of Business
1901 NW 49 AVE
COCONUT CREEK FL 33063

Mailing Address
1901 NW 49 AVE
COCONUT CREEK FL 33063

55053195

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2299823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MERKIN, STEWART A
444 BRICKELL AVE STE 300
MIAMI FL 33131**

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 \$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 11

TITLE **D** ☐ Delete
NAME **KING, JAMES D II**
STREET ADDRESS **1901 NW 49 AVE**
CITY-ST-ZIP **COCONUT CREEK FL 33063**

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

TITLE ☐ Delete
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 03, 2003
Date

Daytime Phone #

CR2E034 (4/03)

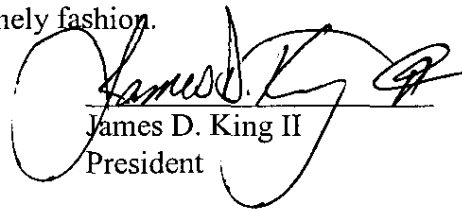
Attachment#
55053195
PO2000114734



July 18th, 2003

TO: Whom it may concern:

Enclosed is a copy of the form I received when you told me this was late. This was the first time I received anything in reference to this matter. Therefore I highlighted and am enclosing the reference to the late fee owed with this letter. The company was formed in November 2002 and we have yet to earn any income, so I do not have a profit report seeing that we haven't earned anything as of yet. I added our FEI# as instructed and returned the forms. As I see it all of the forms have been filled out properly and I do not know what you are asking for if anything else is needed. This is now the second letter I am processing in reference to the waiving of the late fees due to the fact that I hadn't received anything prior to the previous notice when I responded and paid the first time. As per the paperwork you have sent me. If there are any questions feel free to contact me by phone or mail so this matter can be resolved in a timely fashion.


James D. King II
President

1901 N.W. 49 th Ave • Coconut Creek, FL 33063

Office • (954) 788-7161 Nationwide • (732) 670-6760 Email • Moneyhound001@cs.com