FILED
Jun 29, 2005 8:00 am
Secretary of State
06-02-2005 90001 048 ***158.75

6/1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000053982

1. Entity Name NEW OHM CORP.

DO NOT WRITE IN THIS SPACE

66023932

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2. Principal Place of Business		3. Mailing Address	
EVERYDAY KWIK STOP		EVERYDAY KWIK STOP	
Suite, Apt. #, etc. 2305 S.E. Hawthorne Rd		Suite, Apt. #, etc. 2305 S.E. HAWTHORNE Rd	
City & State GAINESVILLE FL 32607		City & State GAINESVILLE FL 32607	
Zip 32607	Country U.S.A	Zip 32607	Country U.S.A.

4. FEI Number 20-0927575 ☐ Applied For ☐ Not Applicable

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

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7. **Name and Address of Current 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 Nancy R Dennis 5/26/05
Signature, typed or printed name of registered agent and title if applicable DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/02)

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

SIGNATURE: Nancy R Dennis 5/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #