

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91312 022 \*\*\*158.75

**DOCUMENT # P92000015208**

1. Entity Name  
**OMEGA CONTRACTING, INC.**



Principal Place of Business  
**221 NE 13TH STREET  
POMPANO BEACH FL 33060  
US**

Mailing Address  
**221 NE 13TH STREET  
POMPANO BEACH FL 33060  
US**

2. Principal Place of Business

3. Mailing Address

**700 E Atlantic Blvd.**

**700 E Atlantic Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 200**

**Suite 200**

City & State

City & State

**Pompano Beach FL**

**Pompano Bch., FL**

Zip

Country

Zip

Country

**33060**

**33060**

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0363667**

Applied For

☐ Not Applicable

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

**POZZUOLI, EDWARD J  
790 E BROWARD BLVD  
SUITE 200  
FT LAUDERDALE FL 33394**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
LANDIS, JUDY A  
2300 NE 48TH ST  
LIGHTHOUSE POINT FL 33064**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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 other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**4-25-03**

**(954)941-9900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)