

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000029

1. Entity Name

OMNIAFAX, INC.

FILED

Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90994 001 ***300.00

Principal Place of Business

601 SOUTH BLVD.
1ST FLOOR
TAMPA FL 33606-2677
US

Mailing Address

601 SOUTH BLVD.
1ST FLOOR
TAMPA FL 33606-2677
US

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 65-0379746

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

BOGGS, DAVID M
111 MADISON STREET
TAMPA FL 33602

Name

STEVEN M. RORRER

Street Address (P.O. Box Number is Not Acceptable)

3821 SAN PEDRO ST.

City

TAMPA

FL

Zip Code

33629

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.

SIGNATURE

Steven M. Rorrer STEVEN M. RORRER

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

(NOTE: Registered Agent signature required when reinstating)

3-5-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CASWELL, JOHN B
STREET ADDRESS 601 SOUTH BOULEVARD-2ND FLOOR
CITY-ST-ZIP TAMPA FL 33606-2677

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

TITLE VSD ☐ Delete
NAME CASWELL, HEATHER L
STREET ADDRESS 601 SOUTH BOULEVARD-2ND FLOOR
CITY-ST-ZIP TAMPA FL 33606-2677

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

TITLE TD ☐ Delete
NAME RORRER, STEVEN M
STREET ADDRESS 601 SOUTH BOULEVARD-2ND FLOOR
CITY-ST-ZIP TAMPA FL 33606-2677

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Steven M. Rorrer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

813-254-9449

Daytime Phone #

CR2E034 (10/00)