

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000003737

1. Entity Name

OMEGA MACHINERY SERVICES, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90268 037 \*\*\*150.00

Principal Place of Business

Mailing Address

1648 TAYLOR RD  
116  
PORT ORANGE FL 32124

1648 TAYLOR RD  
116  
PORT ORANGE FL 32124-6753

2. Principal Place of Business

2574 ROCKFILL RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

4. FEI Number

65-0462332

Applied For

Not Applicable

Zip

Country

38916

USA

Zip

Country

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

KLAUS, DUDA  
1648 TAYLOR RD  
STE 116  
PORT ORANGE FL 32124

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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 ☐ Delete

VPT  
NAME LONGONI, PAOLA  
STREET ADDRESS 1427-A BOULDER CT  
CITY-ST-ZIP GREENSBORO NC 27404

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

P  
NAME KLAUS, DUDA  
STREET ADDRESS 1648 TAYLOR RD STE 116  
CITY-ST-ZIP PORT ORANGE FL 32124

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)