

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90225 001 ***150.00

DOCUMENT # P94000003737

1. Entity Name
OMEGA MACHINERY SERVICES, INC.

Principal Place of Business 2574 ROCKFILL RD FORT MYERS FL 33916	Mailing Address 1648 TAYLOR RD 116 PORT ORANGE FL 32124
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0462332		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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			
				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 (OPTION: Registered Agent signature required when re-registering) 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
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01		
TITLE	VPT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	LONGONI, PAOLA		NAME		
STREET ADDRESS	1427-A BOULDER CT		STREET ADDRESS		
CITY-STATE-ZIP	GREENSBORO NC 27404		CITY-STATE-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KLAUS, DUDA		NAME		
STREET ADDRESS	1648 TAYLOR RD STE 116		STREET ADDRESS		
CITY-STATE-ZIP	PORT ORANGE FL 32124		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Klaus Duda 4/26/01 904-304-0569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Declared Proper

CR2E034 (10.00)