

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070291

1. Entity Name

OMES, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90095 011 \*\*\*158.75

Principal Place of Business

11123 CRESCENT LAKE DR.  
RIVERVIEW FL 33569

Mailing Address

PO BOX 667  
BRANDON FL 33509-0667  
US

<sup>2</sup> Omes, Incorporated  
211 Lithia Pinecrest Rd.  
Brandon, FL 33511-5307

<sup>3</sup> Omes, Incorporated  
211 Lithia Pinecrest Rd.  
Brandon, FL 33511-5307



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0534133**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHWALLER, CHRIS  
211 LITHIA PINECREST RD  
BRANDON FL 33511

7. Name and Address of New 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.

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

TITLE **PD**  
NAME **SCHWALLER, CHRIS**  
STREET ADDRESS **11123 CRESCENT LAKE DR.**  
CITY-ST-ZIP **RIVERVIEW FL 33569**

☐ Delete

TITLE **S**  
NAME **SCHWALLER, DAVID**  
STREET ADDRESS **804 S. PARSONS AVE.**  
CITY-ST-ZIP **SEFFNER FL 33584**

☐ Delete

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STREET ADDRESS  
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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NAME  
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CITY-ST-ZIP

☐ 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: David A. Schwaller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/2000  
Date

813 643-2983  
Daytime Phone #

CR2F034 (9/99)