**FILED** 

(941)

8/10/01

966-6573

Daytime Phone #

## **2001 UNIFORM BUSINESS REPORT (UBR)**

| DOCUMENT # P95000058985  1. Entity Name  |  |                                 |   |   | Aug 20, 2001 8:00 am<br>Secretary of State   |                             |  |  |
|--|--|---------------------------------|---|---|--|-----------------------------|--|--|
| OMNI, SEI  | RVE, INC.  |                                 | K   |   | 08-20-2001 9007  | 2 015 ***550.0              | 00                                     |  |
| Principal Place of Business 2100 CONSTITUTION BLVD SARASOTA FL 34231 US Mailing Address 46 N. WASHINGTON BLVD. SUITE 1 SARASOTA FL 34236 |  |                                 |   |   |  | : BB105 81101 18110 10105 1 | 8)                                     |  |
| Principal Place of Business     3. Mailing Address   |  |                                 |   |   |  | 00181 01(0) 101(0 10(0) 1   | HIEL CHIL LECT                         |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.             | Suite, Apt. #, etc.   |   | DO NOT WRITE IN THIS SPACE   |                             |  |  |
| City & State   |  | City & State                    | City & State  |   | 65-0604031         Applied For Not Applicable  |                             |  |  |
| Zip  | Country  | Zip                             | Country   | 5.  | Certificate of Status Desired  | \$8.75 Add<br>Fee Required  |  |  |
|  | 6. Name and Address of Curren  | t Registered Agent              | Name  | 7.  | Name and Address of New Regist   | ered Agent                  | ************************************** |  |
| PATTERSON, JOHN<br>46 <sub>.</sub> N. Washington BlvD.   |  |                                 | Street Ad   | t Address (P.O. Box Number is Not Acceptable) |  |                             |  |  |
| STE 1  |  |                                 |   |   |  |                             |  |  |
| SARAŞOTA FL 34236  |  |                                 | City  | ty FL Zip Code                                |  |                             |  |  |
| 8. The above   | named entity submits this statement for signature, typed or printed name of registered agen                                      |                                 | registered office or r  |   |  | DATE                        |  |  |
| Tax filing   | oration is eligible to satisfy its Intangibl<br>requirement and elects to do so.<br>ria on back)                                 | After September 12              | FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Sta |   | I TUSTEUNO COMPONION. 🗀 ADDROIO PERS T   |                             |  |  |
| 11.  | OFFICERS AND   |                                 | 12.   | А   | DDITIONS/CHANGES TO OFFICER  |                             |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | THACKABERRY, MICHAEL J.<br>2100 CONSTITUTION BLVD<br>SARASOTA FL   | ☐ Delete                        | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  |   |  | ☐ Change                    | ☐ Addition                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DVPS THACKABERRY, JOAN M 2100 CONSTITUTION BLVD SARASOTA FL  | ☐ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | ☐ Change                    | ☐ Addition }                           |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete                        | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  |   | ing the first section of the f | ☐ Change                    | Addition                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete                        | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  |   |  | ☐ Change                    | ☐ Addition                             |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | ☐ Change                    | Addition                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | □ Delete                        | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | ☐ Change                    | Addition                               |  |
| indicated  | Lcertify that the information supplied wit<br>don this report or supplemental report<br>rporation or the receiver or trustee emp | is true and accurate and that m | ny signature shall ha   | ve the same                                   | e legal effect as if made under oath;  | that I am an officer        | or director                            |  |

AU08A136

August 13, 2001

Florida Division of Corporations Uniform Business Report P.O. Box 1500 Tallahassee, FL 32302-1500

Gentlemen:

I was genuinely shocked and horrified that our UMB was not filed in a timely manner this year. The form is sent to our attorney as registered agent.

When I-called his office to find out what happened, the legal assistant told me that the report form was filled out, then logged out on February 28<sup>th</sup> as being mailed to us at our correct address for our signature and check. I have not been able to locate it.

It made me wonder about the other clients. The assistant noticed that she had received a greater number than ever of the second notices this year. Perhaps something happened to their mailing. Is there any way to check into this?

Yours truly,

J. Thackaberry

Omni Serve, Inc.

2100 Constitution Blvd.

Sarasota, FL 34231