

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90244 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000058985

1. Entity Name
OMNI SERVE, INC.



Principal Place of Business
**2100 CONSTITUTION BLVD
SARASOTA, FL 34231 US**

Mailing Address
**46 N. WASHINGTON BLVD.
SUITE 1
SARASOTA, FL 34236**

90123637

2. Principal Place of Business
158 YACHT HARBOR DR.

3. Mailing Address
158 YACHT HARBOR DR.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
OSPREY, FL

City & State
OSPREY, FL

Zip
34229

Country
SARASOTA

Zip
34229

Country
SARASOTA

4. FEI Number
65-0604031

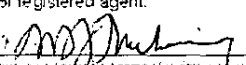
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**PATTERSON, JOHN
46 N. WASHINGTON BLVD.
STE 1
SARASOTA, FL 34236**

7. Name and Address of New Registered Agent
**M.J. THACKABERRY
158 YACHT HARBOR DR.
OSPREY, FL 34229**

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. I am familiar with, and accept the obligations of registered agent.

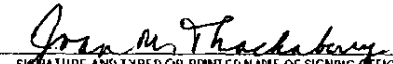
SIGNATURE  **M.J. THACKABERRY** **4/25/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT THACKABERRY, MICHAEL J. 2100 CONSTITUTION BLVD SARASOTA, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 158 YACHT HARBOR DR. OSPREY, FL 34229
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 158 YACHT HARBOR DR. OSPREY, FL 34229
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOAN M. THACKABERRY** **4/23/03** **941 966-6573**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)