## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 20, 2002 8:00 am Secretary of State DOCUMENT # P96000004420 1. Entity Name 05-20-2002 90036 046 \*\*\*150.00 OMEGA ONE PROPERTIES, INC. Principal Place of Business Mailing Address 11306 E BROADWAY 1909 OLD SAWMILL ROAD SAFFNER FL 33584 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address 9910 Timmons 9910 Timmons Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3410645 The notoge + 1a hone to succe Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, NORRIS L .O. Box Number is Not Acceptable) Street Address 1909 OLD SAWMILL ROAD IMMO 16 BRANDON FL 33510 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. (NOTE: Registered Agent signature required when reinstating) of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD (9/01) ☐ Defete TITLE ☐ Addition SMITH, NORRIS L NAME NAME CR2E034 STREET ADDRESS 1909 OLD SAWMILL ROAD STREET ADDRESS Thomato sessa, FL 33592 CITY-ST-7IF BRANDON FL 33510 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE:

changed, or on an attachment with an address, with all other

Smith 4.26.02