2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000060391 **DOCUMENT #**

1. Entity Name

OMEGA SOFTWARE SOLUTIONS, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90468 047 ***150.00

	_		TO WE THE	/
Principal Place of Business 101 OAK AVENUE PALM HARBOR FL 34684 US		Mailing Address 101 OAK AVENUE PALM HARBOR FL 3468 US	4	
2. Principal Place of Business		3. Mailing Address	·····	- I PRESIDENT THE COLOR
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3392593 Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent	. باخوند	7. Name and Address of New Registered Agent
MITCHEL	L, STEPHEN L		Name	•
101 OAK			Street Address	s (P.O. Box Number is Not Acceptable)
PALM HA	NDUN FL 34004		City	□ Zip Code
			i i	
SIGNATURE _	ons of registered agent. Signature, typed or printed name of registered age		E: Registered Agent signature requir	tered agent, or both, in the State of Florida. I am familiar with, and accept
After Make Check	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITCHELL, STEPHEN L 101 OAK AVENUE PALM HARBOR FL 34684	☐ 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	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

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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR