

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006311

1. Entity Name

OMNI OUTSOURCING, INC.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90007 037 \*\*\*158.75

00027014



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9148 BONITA BEACH ROAD, SUITE 210 BONITA SPRINGS FL 34135	9148 BONITA BEACH ROAD, SUITE 210 BONITA SPRINGS FL 34135-4265

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-3422451	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOOLEY, JOHN  
4532 TAMIAMI TRAIL EAST  
SUITE 401  
NAPLES FL 33962

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, W. THOMAS III	NAME	
STREET ADDRESS	10630 WOOD IBIS AVENUE, SE	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOLEY, JOHN	NAME	
STREET ADDRESS	4532 TAMIAMI TRAIL E, STE 401	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962	CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, WILLIAM T DR	NAME	
STREET ADDRESS	3035 LANCASTER DR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, EMOLEE S	NAME	
STREET ADDRESS	3035 LANCASTER DR	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSON, DEBORAH	NAME	
STREET ADDRESS	4033 BELAIR LANE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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, or other like empowered.

SIGNATURE: John T. Hooley 2/22/2000 (941) 947-6355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)