

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

APPROVED  
AND  
FILED

DOCUMENT # *P97000036362*

1. Entity Name

*OMEGA MANAGEMENT CORPORATION*

02 MAR 28 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*1218 WADSWORTH WAY*

3. Mailing Address

*PO Box 7014*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Tallahassee, Florida*

City & State

*Tallahassee, Florida*

4. FEI Number

*59-3452284*

Applied For

Not Applicable

Zip

*32310*

Country

Zip

*32314*

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *CORNELIUS D. JONES JR.*

Street Address (P.O. Box Number is Not Acceptable)

*711 Florida St.*

City

*TLH*

FL

Zip Code

*32310*

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*PRESIDENT/OWNER  
CORNELIUS D. JONES JR.  
PO Box 7014  
TLH., FL., 32314*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*100005183621--0*

*-04/02/02--01059--010*

*\*\*\*\*158.75 \*\*\*\*158.75*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*SECRETARY  
ALONZO D. KING  
100 BLAIR RD. UNIT E-8  
ST. SIMONS ISLAND, GEORGIA 31522*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3-28-02 850/510-4957*

CR2E034B (12/01)