

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90136 013 \*\*\*150.00

**DOCUMENT # P98000030195**

1. Entity Name  
**OMNI-REP, INC.**

Principal Place of Business  
**10687 LAGO WELLEBY DRIVE  
 SUNRISE FL 33351**

Mailing Address  
**10687 LAGO WELLEBY DRIVE  
 SUNRISE FL 33351**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number **65-0826283** Applied For  Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RHYNO, MICHAEL S  
 10687 LARGO WELLEBY DR  
 SUNRISE FL 33134**

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)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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	<b>PTSD</b>	<input type="checkbox"/> Delete
NAME	<b>RHYNO, MICHAEL S</b>	
STREET ADDRESS	<b>10687 LAGO WELLEBY DRIVE</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WOLFORD, GARY</b>	
STREET ADDRESS	<b>106 PIERCE AVE</b>	
CITY-ST-ZIP	<b>CAPE CANAVERAL FL 32920</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **DATE:** 2/15/02 **DAYTIME PHONE #:** 951-578-6017

**FILE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)