## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 30, 2000 8:00 am Secretary of State DOCUMENT # **P98000040589** A OMEGA DATA PRODUCTS, INC. 05-30-2000 90069 016 \*\*\*150.00 Principal Place of Business Mailing Address 1601 S.W. 1 WAY 1601 S.W. 1 WAY UNIT D3 UNIT D-3 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441-6783 Mailing Address incipal Place of Business WILTMSt DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0831142 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name FERDERICKS, DAVID Street Address (P.O. Box Number is Not Acceptable) 1601 S.W. 1 WAY UNIT D-3 **DEERFIELD BEACH FL 33441** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE FERDERICKS, DAVID NAME NAME 1601 SW 1 WAY, #D3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441 Addition Change TITLE □ Delete TITLE FEATIGNNI, GUY ----NAME NAME STREET ADDRESS 1601 SW 1ST WAY, D3 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DEERFIELD BEACH FL 33441 Change ☐ Addition TITLE □ Delete TITLE HALL, WADELL NAME NAME 1601 SW 1ST WAY, D-3 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH FL 33441 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Detete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR CONTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an all

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 of the receive 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