**FILED** 

## 2002 Uniform Business Report (UBR)

## Mar 20, 2002 8:00 am Secretary of State P98000072548 **DOCUMENT #** 1. Entity Name 03-20-2002 90043 041 \*\*\*150.00 OMEGA BUSINESS SOLUTIONS, INC. Principal Place of Business Mailing Address 6354 118TH AVE. NORTH 6354 118TH AVE. NORTH **LARGO FL 33773 LARGO FL 33773** 2. Principal Place of Business 3. Mailing Address 229 AUE"K PO BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3537052 Winter Ji wter HAVEN Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33*880* Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLUME, STEPHEN G Street Address (P.O. Box Number is Not Acceptable) 6354 118TH AVE. NORTH <u>S. E.</u> **LARGO FL 33773** Haven 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE PD TITLE CR2E034 (9/01 💢 Delete ZZ9 AUE K SE **BLUME. STEPHEN G** NAME NAME STREET ADDRESS STREET ADDRESS 170 MARINA DEL REY COURT CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33767** Winter Haven, F1 33880 TITLE TITLE Channe Addition ( ۷D Delete BOYD, William A. NAME BLUME, DARYL W NAME 4601 REYMOSA DRIVE STREET ADDRESS 7306 SAWGRASS POINT DR STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL CITY-ST-ZIP Winter Haven, Fl. 33580 TITLE Delete TITLE ☐ Change Addition 🖈 ۷D NAME NAME Jassmann. John P · DIAL, John W. STREET ADDRESS STREET ADDRESS 308 OLEANDER RD IT EAST LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP BELLEAIR FL HAINES CITY, FI 33844 TITLE Delete Delete TITLE ☐ Change ☐ Addition ROBINSON, CHARLES F JR NAME STREET ADDRESS 41 SUNSET BAY DR STREET ADDRESS CITY-ST-ZIP BELLEAIR FL CITY-ST-ZIP TITLE TITLE □ Addition 🔎 Delete DEMA, ANTHONY N NAME NAME STREET ADDRESS 7751 ARALIA WY STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE Change Addition Delete 🕽 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, with all other like empowered.

SIGNATURE:

863-299-0872

Daytime Phone #