CR2E034 (10/02)

FILED

2003 FOR PROFIT CORPORATION

Apr 24, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P98000072548 DOCUMENT # 1. Entity Name 04-24-2003 90237 024 ***150.00 OMEGA BUSINESS SOLUTIONS, INC. 3 Principal Place of Business Mailing Address P O BOX 1821 229 AVE "K" SE WINTER HAVEN FL 33882 WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3537052 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent DIAN, JOHN W Street Address (P.O. Box Number is Not Acceptable) 229 AVE "K" S E WINTER HAVEN FL 33880 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition Delete DIAL, MARVIN R NAME NAME 229 AVE "K" SE STREET ADORESS STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP CITY-ST-ZIP Addition VD TITLE ☐ Delete TITLE ☐ Change BOYD, WILLIAM A NAME NAME **4601 REYNOSA DRIVE** STREET ADDRESS STREET ADDRESS WINTER HAVEN FL 33880 CITY-ST-ZIP CITY-ST-ZIP TITLE STD ☐ Delete TITLE Change ☐ Addition NAME DIAL. JOHN W NAME 17 EAST LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAINES CITY FL 33844 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

NAME: STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

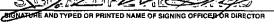
NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIF TITLE



☐ Delete

Daytime Phone #

☐ Change

Addition