

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90135 001 ***150.00

DOCUMENT # P99000002620

1. Entity Name

OMNI UNIVERSAL INCORPORATED

Principal Place of Business

**1311 N. WESTSHORE BLVD., #113
TAMPA FL 33607**

Mailing Address

**1311 N. WESTSHORE BLVD., #113
TAMPA FL 33607**

2. Principal Place of Business

4532 W. Kennedy Blvd. Po Box 20507

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33627

Country

US

Zip

33627

Country

US

4. FEI Number **59-3559471**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SELLAS, JOHN A
1311 N. WESTSHORE BLVD., #113
TAMPA FL 33607**

7. Name and Address of New Registered Agent

Name

SELLAS John

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

4532 W. Kennedy Blvd, Ste. 255

City

Tampa

FL

Zip Code

33609

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 office if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/01

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, 2001 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 ☐ Delete
NAME **P SELLAS, JOHN A**
STREET ADDRESS **1311 N. WESTSHORE BLVD., #113**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **SELLAS John, A.**
STREET ADDRESS **4532 W. Kennedy Blvd**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

John A. SELLAS As President

John A. SELLAS As President

Date

Daytime Phone #

04/30/01

CR2E034 (10/00)