2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P99000013810 DOCUMENT

1. Entity Name OMNI ADVANCED CONCEPTS, INC.



Principal Place of Business Mailing Address 5415 LAKE HOWELL RD #255



WINTER PARK FL 32792				WINTER PARK FL 32792] 	Bigi aanan kigaa ki			
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF I	MAKING CHA	NGES		
City & State				City & State				4. FEI Number NOT APPLICABLE Applied For				
Zip Country			-	Zip		Country			<u> </u>	5 Add	ot Applicable fitional	
<i></i>	6. Name	and Address of	Current Regist	ered Agent		, 	:	7. Name and Address of New Regi		lequire	d 	
			<u>_</u>	,	÷. 3.	Name		7. Name and Address of New Rega	stered Agent		:	
HOFFMANN, EDWARD				Stroot A			deráco ((IIO Day Number is Not Assessed to				
5415 LAKE HOWELL RD., #255				Sireet Addi			adress ((P.O. Box Number is Not Acceptable)				
WINTER I	Park FL 32	792										
		•				City		**************************************	FL Zip	p Code		
8. The above	named entity	submits this star	tement for the p	urpose of changing its r	registere	d office or	register	red agent, or both, in the State of Florida		with	and accept	
the obligat	tions of regist	ered agent.	1				ı			******	and docept	
SIGNATURE .			्री सुर				1					
	Signature, typed	or printed name of regis	stered agent and title if	applicable. (NOTE:	: Registered	d Agent signatur	e required	f when reinstating)	DATE			
		! FEE IS \$150										
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							i	Election Campaign Financ Trust Fund Contribution.	· –	\$5.00 Added	May Be to Fees	
10.	·	OFFICE	RS AND DIREC	TORS	11.		1	ADDITIONS/CHANGES TO OFFICER	RS AND DIREC	CTORS	IN 11	
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NAME CIRCET ADDRESS	HUFFMAN	n, edward Howell Rd.,	,		NAME			•	. –		_	
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TY-ST-ZIP					CITY-S	ST-ZIP	1				}	
2. Thereby ce	ertify that the	information suppl	lied with this filin	a does not qualify for th	ha avam	ntino ototo	dia ba	tion 110 07/0//) Elevista Otal 1 1/ 11				

Thereby 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 of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-63

Daytime Phone #