

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034129

1. Entity Name  
OMNI CREDIT SERVICES OF FLORIDA, INC.

Principal Place of Business  
4710 EISENHOWER BLVD., STE. C-2  
TAMPA FL 33634

Mailing Address  
4710 EISENHOWER BLVD., STE. C-2  
TAMPA FL 33634

2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEGELMAN, DAVID O 4710 EISENHOWER BLVD., STE. C-2 TAMPA FL 33634				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 <input checked="" type="checkbox"/> After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOPP, GEORGE F 333 BISHOPS WAY BROOKFIELD WI 53005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLF, DENNIS 333 BISHOPS WAY BROOKFIELD WI 53005	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (4/02)

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: *Sig*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jul 16, 2002 8:00 am  
Secretary of State

07-16-2002 90359 029 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3568381	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		
DEGELMAN, DAVID O 4710 EISENHOWER BLVD., STE. C-2 TAMPA FL 33634		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
FL	Zip Code	

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

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7-8-02 262-784-0200