

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039598

1. Entity Name
OMNITONIC, INC.

Principal Place of Business

19121 N.W. 42ND COURT
CAROL CITY FL 33055

Mailing Address

19121 N.W. 42ND COURT
CAROL CITY FL 33055

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LAZARRE, WILFRID
19121 N.W. 42ND COURT
CAROL CITY FL 33055

7. Name and Address of New Registered Agent

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.

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) ☐

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 **P** ☐ Delete
NAME **LAZARRE, WILFRID**
STREET ADDRESS **19121 N.W. 42ND COURT**
CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE **D** ☐ Delete
NAME **BAPTISTE, DAVIDSON J**
STREET ADDRESS **19121 N.W. 42ND COURT**
CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE **D** ☐ Delete
NAME **DORSINVILLE, MARCIA G**
STREET ADDRESS **19121 N.W. 42ND COURT**
CITY-ST-ZIP **CAROL CITY FL 33055** *name changed*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME *He is no longer a member of the corporation.*
STREET ADDRESS *Baptiste, Davidson J has resigned*
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Lazarre, Marcia D.*
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Cherish D. Mainville-Lazarre*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-2001
Date

305-626-0778
Daytime Phone #

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90965 034 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)