FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90746 028 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090061

1. Entity Name
OMIKRON ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~4049 EASTRIDGE CIRCLE~~ POMPANO BEACH, FL 33064	~~4049 EASTRIDGE CIRCLE~~ POMPANO BEACH, FL 33064

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
6215 Shadow Tree LN Suite, Apt. #, etc.		6215 Shadow tree LN Suite, Apt. #, etc.	
City & State: Lakeworth FL		City & State: Lakeworth FL	
Zip: 33463	Country	Zip: 33467	Country

4. FEI Number 65-0955448 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHWARTZ, LENNY K
~~4049 EASTRIDGE CIRCLE~~
POMPANO BEACH, FL 33064

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/29/03

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
After May 1, 2003 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SHWARTZ, LENNY K ~~4049 EASTRIDGE CIRCLE~~ POMPANO BEACH, FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6215 Shadow Tree LN Lakworth FL 33463 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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.

SIGNATURE: [signature] 4/29/03 954 234 7754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)