2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000097277** Jul 25, 2000 8:00 am Secretary of State 1. Entity Name OMEGA TOWER SERVICES, INC. 07-25-2000 90093 001 ***550.00 05-24-2000 90079 029 ***150.00 Principal Place of Business Mailing Address M 2019 ROCKLEDGE DRIVE 2019 ROCKLEDGE DRIVE ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 Principal Place of Business 4 57 Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Kain Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRAWFORD, RALPH L 2019 ROCKLEDGE DRIVE **ROCKLEDGE FL 32955** 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Change ☐ Addition TITLE TITLE Delete RAINE, MICHAEL MARAE NAME STREET ADORESS 5825 CROSSING BOULEVARD #386 ろう/ STREET ADDRESS CITY-ST-ZIP ANTIOCH TN 37013 CITY-ST-7IP Delete TITLE ☐ Change Addition TITLE CRAWFORD, RALPH L NAME STREET ADDRESS STREET ADDRESS 2019 ROCKLEDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP **ROCKLEDGE FL 32955** Delete ☐ Addition Change TITLE NAME CRAWFORD, JAN NAME- - -STREET ADDRESS STREET ADDRESS 2019 ROCKLEDGE DRIVE CITY-ST-ZIP CITY-ST-ZIP **ROCKLEDGE FL 32955** ☐ Change ☐ Addition TITLE □ Dolete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR