

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106911

1. Entity Name
OMEGA SYSTEMS, INC.NET

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90317 009 ***150.00

Principal Place of Business
10500 UNIVERSITY CENTER DR., STE. 160
TAMPA FL 33612

Mailing Address
10500 UNIVERSITY CENTER DR., STE. 160
TAMPA FL 33612



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3623166		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FAULCONER, LEE 10500 UNIVERSITY CENTER DR., STE. 160 TAMPA FL 33612				Name THOMAS ONEILL			
				Street Address (P.O. Box Number is Not Acceptable) 10500 UNIVERSITY CTR. DR.			
				SUITE 160			
				City TAMPA FL Zip Code 33612			

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 Thomas O'Neill 4/18/01
Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating.)

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 \$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. <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	D FAULCONER, LEE 10500 UNIVERSITY CENTER DR., STE. 160 TAMPA FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RALPH RICCARDI 10500 UNIVERSITY CTR DR. SUITE 160 TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUSENS, BRUCE 16422 N.E. 34 AVE. N. MIAMI BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAYER, ANTHONY C 340 W. TROPICAL WAY PLANTATION FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIENER, DAVID 10500 UNIVERSITY CENTER DR., STE. 160 TAMPA FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: Ralph Riccardi 4/18/01 (813) 349-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)