2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# P99000106935

Entity Name: OMEGA SYSTEMS, INC.COM

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3624464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ONEILL, THOMAS
10500 UNIVERSITY CENTER DR., STE. 160
TAMPA, FL 33612

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FAULCONER, LEE	
Address:	10500 UNIVERSITY CENTER DR., STE. 160	
City-St-Zip:	TAMPA, FL 33612	
Title:	D	( ) Delete
Name:	KUSENS, BRUCE	
Address:	16422 N.E. 34 AVE.	
City-St-Zip:	N. MIAMI BEACH, FL	
Title:	D	( ) Delete
Name:	KRAYER, ANTHONY C	
Address:	340 W. TROPICAL WAY	
City-St-Zip:	PLANTATION, FL	
Title:	D	( ) Delete
Name:	WIENER, DAVID	
Address:	10500 UNIVERSITY CENTER DR., STE. 160	
City-St-Zip:	TAMPA, FL 33612	
Title:	P	( ) Delete
Name:	RICCARDI, RALPH J JR	
Address:	10500 UNIVERSITY CTR. DR. STE 160	
City-St-Zip:	TAMPA, FL 33612	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE FAULCONER D 04/30/2003

Electronic Signature of Signing Officer or Director — Date