

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90532 008 \*\*\*150.00

**DOCUMENT # S91641**

1. Entity Name  
**OMNI MANAGEMENT CORPORATION**



Principal Place of Business  
**1222 NE 4 AVE**  
**C/O LABOISSERE**  
**FORT LAUDERDALE FL 33304**  
**US**

Mailing Address  
**1222 NE 4 AVE**  
**C/O LABOISSERE**  
**FORT LAUDERDALE FL 33304**  
**US**



2. Principal Place of Business  
**2404 NE 8 PLACE**

3. Mailing Address  
**2404 NE 8 PLACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
**OCALA FL**

City & State  
**OCALA FL**

4. FEI Number **65-0293093**

Applied For  
Not Applicable

Zip  
**34470**

Country  
**USA**

Zip  
**34470**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VANDANDAIGUE, GUY J**  
**1222 NE 4 AVE**  
**C/O LABOISSERE**  
**FORT LAUDERDALE FL 33304**

Name **VANDANDAIGUE GUY J**  
Street Address (P.O. Box Number is Not Acceptable)  
**2404 NE 8 PLACE**  
**OCALA FL 34470**

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, 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**  
**Make Check Payable to Florida Department of State**

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  
**PT**  
**VANDANDAIGUE, GUY J**  
**1222 NE 4 AVE C/O LABOISSERE**  
**FORT LAUDERDALE FL 33304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**2404 NE 8 PLACE**  
**OCALA FL 34470**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete  
**DS**  
**GHISLAINE VANDANDAIGUE**  
**1222 NE 4 AVE C/O LABOISSERE**  
**FORT LAUDERDALE FL 33304**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
**2404 NE 8 PLACE**  
**OCALA FL 34470**

TITLE  
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STREET ADDRESS  
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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 REQUIRED**  
**VANDANDAIGUE GUY J**

**JAN 12/2003**

Date

Daytime Phone #

CR2E034 (10/02)