FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90125 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #V33909

1. Entity Name
OMNIA ENTERPRISES, INC.

10035376

Principal Place of Business
~~2552 ARBORWOOD DR~~
~~VALRICO, FL 33594~~
2524 Lonigan Pl
Sun City Center, FL
33573

Mailing Address
~~2552 ARBORWOOD DR~~
~~VALRICO, FL 33594~~
2524 Lonigan Pl
Sun City Center, FL
33573

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3124758 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CUMMINGS, BONNIE L.
~~2552 ARBORWOOD DR~~
~~VALRICO, FL 33594~~
2524 Lonigan Place
Sun City Center, FL 33573

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE NOW 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	D CUMMINGS, BONNIE L. ~~2552 ARBORWOOD DR~~ ~~VALRICO, FL~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2524 Lonigan Place Sun City Center, Fl 33573
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CUMMINGS, THOMAS P. ~~2552 ARBORWOOD DR~~ ~~VALRICO, FL~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2524 Lonigan Place Sun City Center, Fl 33573
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CR2E034 (10/02)

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: Bonnie L Cummings (Bonnie L. Cummings) 3/3/2003 (813) 633-6979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #