

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V54151**

1. Entity Name
OMNI COMPUTER CONSULTING, INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90006 043 ***550.00

075886
AT

Principal Place of Business
**8216 PARKRIDGE CIR N
JACKSONVILLE FL 32211
US**

Mailing Address
**P.O. BOX 15063
JACKSONVILLE FL 32239**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2120 CORPORATE Sq Blvd

Suite, Apt. #, etc.

SUITE 14

City & State

JACKSONVILLE FL

Zip

32216

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3136051**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MILLAR, ALBERT S. C.
4206 HERSCHEL ST.
JACKSONVILLE FL 32210**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GOULD, MICHAEL	
STREET ADDRESS	2919 TRENTON CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOORE, BILL	
STREET ADDRESS	8216 PARKRIDGE CIR N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOULD, ANDREA	
STREET ADDRESS	2919 TRENTON CT	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOORE, GINA	
STREET ADDRESS	8216 PARKRIDGE CIR N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-01

Date

Daytime Phone #

CR2E034 (5/01)