

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90348 038 \*\*\*150.00

**DOCUMENT # P96000069119**

1. Entity Name  
**OPTISYS, INC.**

Principal Place of Business  
**2920 N. GREEN VALLEY PARKWAY  
 SUITE 522  
 HENDERSON NV 89014  
 US**

Mailing Address  
**% SHARP, SMITH & HARRISON P.A.  
 4830 KENNEDY BLVD #630  
 TAMPA FL 33609  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3398362**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**SHARP, WILLIAM M SR  
 4830 W KENNEDY BLVD #630  
 TAMPA FL 33609**

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 \$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.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME **DPST HARDY, LESLIE**  Delete  
 STREET ADDRESS **1127 MARIPOSA WAY**  
 CITY-ST-ZIP **BOULDER CITY NV 89005**

TITLE  
 NAME **DVP HARDY, LESLIE**  Change  Addition  
 STREET ADDRESS **2920 N. Green Valley Parkway, Suite 522**  
 CITY-ST-ZIP **Henderson, NV 89014 USA**

TITLE  
 NAME **D WOLF, GILBERT**  Delete  
 STREET ADDRESS **MIN DATOR AB EKBACKSGEN 20 BOX 11105**  
 CITY-ST-ZIP **S-161 11 BROMMA, SWEDEN**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME **D GAWELIN, HANS**  Delete  
 STREET ADDRESS **EKBACKSVAGEN 20, BOX 11105**  
 CITY-ST-ZIP **S-161 11 BROMMA, SWEDEN**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME **PST WORGAN, PHIL**  Change  Addition  
 STREET ADDRESS **2920 N. Green Valley Parkway, Suite 522**  
 CITY-ST-ZIP **Henderson, NV 89014 USA**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME **VP CANNON, TOM**  Change  Addition  
 STREET ADDRESS **2920 N. Green Valley Parkway, Suite 522**  
 CITY-ST-ZIP **Henderson, NV 89014 USA**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

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:

*P.A. Worgan*  
**P.A. WORGAN, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/24/01*

Date

702-454-6666

Daytime Phone #

CR2E034 (10/00)