



**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000028023			
1. Entity Name OPTINRESOURCE, INC.			
Principal Place of Business 22170 SANDS POINTE DRIVE BOCA RATON, FL 33433		Mailing Address P.O. BOX 570852 BOCA RATON, FL 33497-0852	
2. Principal Place of Business 6574 N. St. Rd 7 Suite, Apt. #, etc. 323		3. Mailing Address 6574 N. St. Rd. 7 Suite, Apt. #, etc. 323	
City & State Coconut Creek, FL		City & State Coconut Creek, FL	
Zip 33073		Zip 33073	
County Broward		County Broward	
4. FEI Number 35-2162308		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEFINI, CATHY M 22170 SANDS POINTE DRIVE BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name Cathy Defini Street Address (P.O. Box Number is Not Acceptable) 6574 N. St Rd 7 # 323 City Coconut Crk FL 33073	
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 <i>Cathy Defini</i> Cathy Defini, President 8/19/03			
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P. <input type="checkbox"/> Delete DEFINI, CATHY M 22170 SANDS POINTE DRIVE BOCA RATON, FL 33433	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cathy Defini 6574 N. St Rd 7 # 323 Coconut Crk, FL. 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature has 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 whether the empowered.			
SIGNATURE: <i>Cathy Defini</i> Cathy Defini - Pres. 8/19/03		561-483-9185	

55055804

CHECK HERE IF MAKING CHANGES

CORPORATOR (10/02)

Attachment

55055804

~~# P02000028023~~

Please waive the late fee
this one time. I am filing
this UBR for the first
time, and I never received
the form in the mail. I
had no idea it existed.
In the future this form
will never be filed late.

Thank You in Advance.

Respectfully,
Cathy DEFINI