2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F02000001498 **DOCUMENT#**

1. Entity Name

OPPORTUNITIES PLUS, INC.



FILED Jul 14, 2003 8:00 am Secretary of State 07-14-2003 90171 017 ***550.00

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Principal Plac	e of Busines	3	Mailing	Address							
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TALLAHASSEE FL 32304				STATESBORO GA 30458			ĺ				
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2. Principal F	Place of Busin	ness	3. Mail	ing Address				1 1004100 1141 11 440 11411 00141 01411 01	AN CONTRACT		LOHOK IBII HEDI
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			}					CHECK HERE IF MAKING CHANGES			
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Zip • Country			Zip	Zip Country				2 (6) (1) (6) (1)		8.75 Ad	ditional
							5. (Certificate of Status Desired		ee Require	
	6 Name	and Address of Current	Registere	d Agent			7. N	lame and Address of New Regi	stered A	gent	
						Name					
THOMPSO	ON, FREDEF	NCK W									
	-	11011 11				Street Addre	ss (P.O. B	ox Number is Not Acceptable)			
7986 COX											
TALLAHAS	ssee FL 32	305									
					l	City			FL	Zip Cod	e 1
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			or the purpo	ose of changing its	registere	ed office or regi	stered age	ent, or both, in the State of Florida	a. I am fa	miliar with,	and accept
the obligat	tions of regist	ered agent.]
01041471105											(
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if appli	icable. (NOTE	E: Registered	d Agent signature req	uired when re	instating)	DATE		
u											
		! FEE IS \$150.00						9. Election Campaign Finance	cing	\$5.0	May Be
		3 Fee will be \$550.00						Trust Fund Contribution.	ຶ 🗆		to Fees
Make Check	K Payable (d	Florida Department o	i			·					
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NAME	P Hopkins,	PATRICK						DITIONS/CHANGES TO OFFICE			
	HOPKINS,	PATRICK SHOT COURT			TITLE			DITIONS/CHANGES TO OFFICE			
NAME	HOPKINS, 608 BUCK				TITLE NAME STREE			DITIONS/CHANGES TO OFFICE			
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Interest demay that the information supplied with this filling 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:

SIGNATUR