

# 2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001016

1. Entity Name  
OPTIMO PLAZA, INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**  
05-10-2001 90169 047 \*\*\*150.00

Principal Place of Business  
1625 HENDRY ST  
301  
FORT MYERS FL 33901

Mailing Address  
1625 HENDRY ST  
301  
FORT MYERS FL 33901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2038 HENLEY PL  
Suite, Apt. #, etc.

3. Mailing Address  
2038 HENLEY PL  
Suite, Apt. #, etc.

City & State  
FT MYERS FL  
Zip  
33901  
Country  
USA

City & State  
FT MYERS, FL  
Zip  
33901  
Country  
USA

4. FEI Number 65-0751610  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HUMPHREY, JAMES T ESO  
1625 HENDRY STREET #301  
FT MYERS FL 33901

## 7. Name and Address of New Registered Agent

Name  
WILLIAM A. MAHER  
Street Address (P.O. Box Number is Not Acceptable)  
2038 HENLEY PL  
City  
FT MYERS FL Zip Code  
33901

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 William A. Maher DATE 4/30/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	PD MUELLER, WILFRED 1625 HENDRY ST #301 FT MYERS FL 33901 <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	VS HUMPHREY, NANCY 1625 HENDRY ST #301 FT MYERS FL 33901 <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	VT MUELLER, SANDRA 1625 HENDRY ST #301 FT MYERS FL 33901 <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

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 authority like empowered.

SIGNATURE: WILFRED MUELLER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/30/2001 Daytime Phone # 941.337.3247

CR2E034 (10/00)