2002 UNIFORM BUSINESS REPORT (UBR)

L02000006078

0024041

DOCUMENT # L01000006078

1. Entity Name
OPTIMAL ENGINEERING SYSTEMS, LLC

SECRETARY OF STATE DIVISION OF CORPORATIONS
02 NOV 26 AM 11:15

Principal Place of Business
555 W. GRANADA BLVD., STE. F3
ORMOND BEACH, FL 32174

2002

Mailing Address
555 W. GRANADA BLVD., STE. F3
ORMOND BEACH FL 32174

REINSTATEMENT
2002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
661 Beville Rd.	661 Beville Rd
Suite, Apt. #, etc. Suite 206	Suite, Apt. #, etc. Suite 206
City & State Daytona Beach, FL	City & State Daytona Beach, FL
Zip 32119 / Country USA	Zip 32119 / Country USA

4. FEI Number 59-3709853 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSBORNE, DEBORAH M ~~555 W. GRANADA BLVD., STE. F3~~ ~~ORMOND BEACH FL 32174~~	Name Street Address (P.O. Box Number is Not Acceptable): 661 Beville Rd Suite 206 City: Daytona Beach FL Zip Code: 32119

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 Deborah M Osborne, Deborah M Osborne 10/28/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSBORNE, DEBORAH M ~~555 W. GRANADA BLVD., STE. F3~~ ~~ORMOND BEACH FL 32174~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 661 Beville Rd. Suite 206 Daytona Beach, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ~~700009230481~~ ~~11/06/02--01042--001 **150.00~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete REINSTATEMENT 2002	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800009230218 11/26/02--01084--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE DOUBLE Deborah M Osborne 10/28/02 386 767-1802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (9/01)