

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -6 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 99000001216
1. Entity Name PETOEFI OPTIMUM LLC

Principal Place of Business Mailing Address
535 CENTRAL AVE, Suite 300 SAME
ST PETERSBURG, FL 33701

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City Zip Code

7. Name and Address of New Registered Agent
Name K. EVIN N. DUNN
Street Address (P.O. Box Number is Not Acceptable)
2511 BOCA CIEGA DR.
City ST. PETERSBURG FL Zip Code 33710

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 Kevin M. D.
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

9. MANAGING MEMBERS/MEMBERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR. RICHARD BRUCE SMITH, HENRI LLE BUILDING, MAIN ST. CHARLESTOWN, NEVIS, WI
Delete
Delete
Delete
Delete
Delete

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
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: Richard B. Smith 4 MAY 2000 727-343-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CFR 3 (11/9)