

2001 UNIFORM BUSINESS REPORT (UBR)

0018222 AF

DOCUMENT # L99000001216

1. Entity Name

PETOEFI OPTIMUM L.L.C.

FILED

01 JUN 25 AM 8:47

Principal Place of Business

535 CENTRAL AVE., SUITE 300
ST PETERSBURG FL 33701

Mailing Address

535 CENTRAL AVE., SUITE 300
ST PETERSBURG FL 33701

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

54-2019213

4. FEI Number

APPLIED FOR

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

LEAHY, TIMOTHY B

535 CENTRAL AVENUE, SUITE 300
ST PETERSBURG FL 33701

Name

Kevin 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 N. Dunn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

20 Jan 01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004463280--0

-07/09/01--01007--035

*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS*

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SMITH, RICHARD BRUCE
HENVILLE BUILDING, MAIN ST.
CHARLESTOWN NEVIS WI ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Richard Bruce Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

20 Jan 01

Date

727-821-0037

Daytime Phone #

CR2E083 (11/00)