

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90156 011 ****50.00

DOCUMENT # L99000001895

1. Entity Name

OPTIMUM HEALTH MARKETING, L.L.C.

Principal Place of Business

**1749 LONG BOW LANE
 CLEARWATER FL 33764**

Mailing Address

**1749 LONG BOW LANE
 CLEARWATER FL 33764**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3570762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WALL, DAVID
 1749 LONG BOW LANE
 CLEARWATER FL 33764**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

TITLE **MGRM** ☒ Delete
 NAME **OPTIMUM HEALTH & PERFORMANCE, INC.**
 STREET ADDRESS **1749 LONG BOW LANE**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
 NAME **David Wall**
 STREET ADDRESS **1749 Long Bow Lane**
 CITY-ST-ZIP **Clearwater, FL 33764**

TITLE **MGRM** ☐ Change ☒ Addition
 NAME **Solomon McClister**
 STREET ADDRESS **1480 Taylor Lake Circle**
 CITY-ST-ZIP **Largo, FL 33778**

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

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

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

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

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:

David Wall **REQUIRED**

417102

727 567 9571

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

Date

Daytime Phone #

0037067

CR2E083 (9/01)