2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000105

1. Entity Name
OPTIMA TECHNOLOGIES, L.L.C.

FILED
01 JUN 28 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8620 AIRWAY BLVD
NEW PORT RICHEY FL 34654

Mailing Address
8620 AIRWAY BLVD
NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 6041 SIESTA LANE
Suite, Apt. #, etc.
City & State: PORT RICHEY, FL
Zip: 34668 Country: USA

3. Mailing Address: 6041 SIESTA LANE
Suite, Apt. #, etc.
City & State: PORT RICHEY, FL
Zip: 34668 Country: USA

4. FEI Number 59-3610810 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JENSEN, ROSS
8620 AIRWAY BLVD
NEW PORT RICHEY FL 34654

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

9. MANAGING MEMBERS/~~MEMBERS~~ MANAGERS

TITLE: Mging Member ☐ Delete
NAME: Ross Jensen
STREET ADDRESS: 8620 Airway Blvd
CITY-ST-ZIP: New Port Richey, FL. 34654

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

400004475234--9
-07/13/01--01096--025
*****50.00 *****50.00

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: Ross Jensen Ross Jensen (SIGNATURE REQUIRED) 5/10/01 727-842-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #