

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90198 010 ***150.00

DOCUMENT # P01000026089

1. Entity Name
AMERICAN OPTIMAL DECISIONS, INC.

Principal Place of Business

**305 NE 1ST STREET
 GAINESVILLE FL 32601**

Mailing Address

**305 NE 1ST STREET
 GAINESVILLE FL 32601**



2. Principal Place of Business

4014 SW 98-th Ter.

3. Mailing Address

4014 SW 98-th Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Gainesville, FL

City & State
Gainesville, FL

4. Fil Number
71-0871809

Applied For
 Not Applicable

Zip
32608

Country

Zip
32608

Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~EDINGER, GARY'S~~
**305 NE 1ST STREET
 GAINESVILLE FL 32601**

Name
Stanislav URYASEV

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

4014 SW 98-th Ter

City
Gainesville

FL

Zip Code
32608

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 **Stanislav URYASEV**

[Signature]

04.21.02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEES \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D URYASEV, STANISLAV 4014 SW 98TH TERRACE GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.21.02

Date

(352) 248 2034

Daytime Phone #

CR2E034 (9/01)