

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90094 021 ***158.75

DOCUMENT # **P01000030668**
1. Entity Name
Optimum Enterprises INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
823 Hallowell Cir
Suite, Apt. #, etc.

3. Mailing Address
823 Hallowell Cir
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL.

City & State
Orlando, FL.

Zip
32828

Country
USA

Zip
32828

Country
USA

4. FEI Number
593736763

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Willie C. Merrell

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

City
Orlando

State
FL

Zip Code
32828

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 _____

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

| | |
|------------------------------------------------|---------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO Belinda B. Jones 10720 Goldfish Circle Orlando, FL 32825 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Willie C. Merrell 823 Hallowell Circle Orlando, FL 32828 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO Edward M. Thomas Jr. 1324 New Town Ave Orlando, FL 32835 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Willie C. Merrell* **Willie C. Merrell** Apr 30, 02 **407-737-2919**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #