

**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.
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DO NOT WRITE IN THIS SPACE

City & State Orlando, FL.	City & State Orlando, FL.
Zip 32828	Zip 32828
Country USA	Country USA

4. FEI Number 593736763	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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	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 this 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Willie C. Merrell 823 Hallowell Circle Orlando, FL 32828	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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	
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Willie C. Merrell

Date

Daytime Phone #

407-737-2919

Apr 30, 02

CR2E034B (12/01)