

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90083 044 ***150.00

DOCUMENT # P01000072273

1. Entity Name
OPTIMAL OUTCOMES DEVELOPMENT, INC.



Principal Place of Business

4377 COMMERCIAL WAY

BOX 148

SPRING HILL FL 34606

200 2nd Ave So.

2. Principal Place of Business

440

St. Petersburg

City & State

FL

Zip

33701

Country

Pinellas

Mailing Address

4377 COMMERCIAL WAY

BOX 148

SPRING HILL FL 34606

200 2nd Ave So.

3. Mailing Address

440

St. Petersburg

City & State

FL

Zip

33701

Country

Pinellas



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3735218

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOPKINS, GARY L

4377 COMMERCIAL WAY

SPRING HILL FL 34606

200 2nd Ave So.

440

St. Petersburg FL 33701

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME HOPKINS, GARY L

STREET ADDRESS 4377 COMMERCIAL WAY, BOX 148

CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Delete

NAME 200 2nd Ave So. #440

STREET ADDRESS St. Petersburg FL 33701

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/21/03 (727) 688-1654 Daytime Phone #

CR2E034 (10/02)