

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90167 032 ***150.00

DOCUMENT # P95000037201

1. Entity Name

THE OPTIMUM GROUP, INC.

Principal Place of Business

9810 BAYMEADOWS RD
10
JACKSONVILLE FL 32256
US

Mailing Address

6785 NEWBERRY RD
GAINESVILLE FL 32605
US

2. Principal Place of Business

3. Mailing Address

9810-10 BAYMEADOWS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

JACKSONVILLE, FL

4. FEI Number

59-3339310

Applied For

Not Applicable

Zip

Country

Zip

Country

32256

FL

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

MARLOW, NANCY E
6785 NEWBERRY RD
GAINESVILLE FL 32605

Name

ANDREA MANCHENO

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

9810-10 BAYMEADOWS RD.

City

JACKSONVILLE, FL

Zip Code

32256

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 *Nancy E. Marlow*

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

(NOTE: Registered Agent signature required when reinstating)

01-05-01

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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 P
NAME NANCY ELIZABETH MARLOW
STREET ADDRESS 6785 NEWBERRY RD
CITY-ST-ZIP GAINESVILLE FL

☒ Delete

TITLE VP
NAME RANCE, STEVE
STREET ADDRESS 12004 SW SYLVANIA CT
CITY-ST-ZIP PORTLAND OR 97215

☐ Delete

TITLE ST
NAME MARLOW, JEFF
STREET ADDRESS 6785 NEWBERRY RD
CITY-ST-ZIP GAINESVILLE FL 32605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE (P)
NAME ANDREA MANCHENO
STREET ADDRESS 9810-10 BAYMEADOWS RD.
CITY-ST-ZIP JACKSONVILLE FL 32256

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Andrea Mancheno

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREA MANCHENO

Date

Daytime Phone #

CR2E034 (10/00)

0039059