2010 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080014

1. Entity Name
OPTIMUM RECONCILIATION SERVICE, INCORPORATED

FILED
10 MAY -5 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100180418801
05/05/10--01036--008 **150.00

Principal Place of Business	Mailing Address
1024 Indian Trace Circle #306 Riviera Beach, FL 33407 US	1024 Indian Trace Circle #306 Riviera Beach, FL 33407 US
2. Principal Place of Business: 9183 East Highland Pines Drive	3. Mailing Address: 9183 East Highland Pines Drive
Suite, Apt. #, etc.: #1	Suite, Apt. #, etc.: #1
City & State: Palm Beach Gardens, FL	City & State: Palm Beach Gardens, FL
Zip: 23418-5749 Country: Palm Beach	Zip: 23418-5749 Country: Palm Beach

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0630952 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, THOMAS M
9183 East Highland Pines Drive
#1
Palm Beach Gardens, FL 23418-5749

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 Thomas M Turner DATE 3/30/10

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2010 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TURNER, THOMAS M 1024 Indian Trace Circle #306 Riviera Beach, FL 33407	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Turner, Thomas M 9183 East Highland Pines Drive, #1 Palm Beach Gardens, FL 23418-5749	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M. MILLIGAN EXAMINER	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MAY - 7 2010	☐ Change ☐ Addition

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: Thomas M Turner 3/30/10 410-564-9085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #