

# 2000 UNIFORM BUSINESS REPORT (UBR)

0016030

DOCUMENT # P96000025041

1. Entity Name

THE OCEAN IMAGE GROUP, INC.  
OPTIMIZE.COM, INC.

*Name change done 12/29/99*

FILED

00 FEB 25 PM 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

HARBOUR VIEW DR.  
VEDRA BEACH FL 32082

24621 HARBOUR VIEW DR  
318  
PONTE VEDRA BEACH FL 32082-1506  
US

2. Principal Place of Business

8001 Belfort Parkway  
Suite, Apt. #, etc.  
Suite 120

3. Mailing Address

8001 Belfort Parkway  
Suite, Apt. #, etc.  
Suite 120

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

4. FEI Number 59-3374691

Applied For  
Not Applicable

Zip 32256

Country USA

Zip 32256

Country USA

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

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV  
10110 SAN JOSE BLVD  
JACKSONVILLE FL 32257

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

02/10/00

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, 2000 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 DP  
NAME HOWE, DEBORAH M  
STREET ADDRESS 24621 HARBOUR VIEW DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600003156236--0  
-03/03/00--01054--008  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE DVP  
NAME HOWE, REX R  
STREET ADDRESS 24621 HARBOUR VIEW DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MASSANISO, PETER A  
STREET ADDRESS 1548 THE GREENS WAY, STE. 6  
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DST  
NAME DUSS, JOHN S IV  
STREET ADDRESS 10110 SAN JOSE BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DVP  
NAME Rocco Dominic Larizza  
STREET ADDRESS 8001 Belfort Parkway #120  
CITY-ST-ZIP Jacksonville, FL 32256 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

*[Signature]*  
JOHN S. DUSS, IV, Secretary/Treasurer

02/10/00

Date

904-268-7227

Daytime Phone #

CR2E034 (9/99)