

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000093953

1. Entity Name  
OPTION PLUS, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90162 029 \*\*\*150.00

Principal Place of Business  
40 N OSPREY AVE  
SUITE A  
SARASOTA FL 34236  
US

Mailing Address  
PO BOX 3292  
SARASOTA FL 34230-3292  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 65-0704811  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

MCNALLY, WILLIAM J  
3016 ROSEMEAD  
SARASOTA FL 34235

## 7. Name and Address of New Registered Agent

Name DEBORAH CARNIAUX  
Street Address (P.O. Box Number is Not Acceptable)  
40 N. OSPREY AVE  
City SARASOTA FL Zip Code 34236

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 Deborah Carniaux DEBORAH CARNIAUX 1/10/00  
Signature, typed or printed name of registered agent and title 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)

**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

TITLE	TD	<input type="checkbox"/> Delete
NAME	MCNALLY, WILLIAM J	
STREET ADDRESS	3016 ROSEMEAD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MCNALLY, TODD J	
STREET ADDRESS	3016 ROSEMEAD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COGGIN, CHAD	
STREET ADDRESS	3016 ROSEMEAD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLY, WILLIAM J	
STREET ADDRESS	40 N. OSPREY AVE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLY, TODD J	
STREET ADDRESS	40 N. OSPREY AVE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COGGIN, CHAD	
STREET ADDRESS	40 N. OSPREY AVE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARNIAUX, DEBORAH	
STREET ADDRESS	40 N. OSPREY AVE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Todd J. McNally Todd J. McNally 1/10/00 941-330-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)