

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90102 009 ***150.00

DOCUMENT # P98000025349

1. Entity Name
OPTIMUM TRANSPORT, INC.



Principal Place of Business
**2522 SW 24TH COURT
CAPE CORAL, FL 33914**

Mailing Address
**PO BOX 151818
CAPE CORAL, FL 33915-1818**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0819188** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CIRILLO, MELANIE R
2522 SW 24TH CT.
CAPE CORAL, FL 33914**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **CIRILLO, MELANIE R**
STREET ADDRESS **2522 SW 24TH CT.**
CITY - ST - ZIP **CAPE CORAL, FL 33914**

TITLE **D**
NAME **CIRILLO, RONALD L**
STREET ADDRESS **2522 SW 24TH CT.**
CITY - ST - ZIP **CAPE CORAL, FL 33914**

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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: *Melanie Cirillo* Melanie Cirillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/04

Date

239-542-7500

Daytime Phone #