

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058266

1. Entity Name

OPTIMAL ENGINEERING SOLUTIONS, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90034 015 ***150.00

Principal Place of Business

Mailing Address

91 CARRIAGE CREEK WAY
ORMOND BEACH FL 32174

91 CARRIAGE CREEK WAY
ORMOND BEACH FL 32174-6784

847 Orange Ave. Suite E
Daytona Beach, FL 32114

847 Orange Ave. Suite E
Daytona Beach, FL 32114

2. Principal Place of Business

3. Mailing Address

847 Orange Ave. Suite E

847 Orange Ave. Suite E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Daytona Beach, FL

Daytona Beach, FL

City & State

City & State

32114 USA

32114 USA

Zip

Country

Zip

Country

4. FEI Number 59-3546399

Applied For

Not Applicable

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

OSBORNE, DEBORAH M
91 CARRIAGE CREEK WAY
ORMOND BEACH FL 32174

Name

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

91 Carriage Creek Way

City

Ormond Beach

FL

Zip Code

32174

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 M Osborne, President

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME OSBORNE, DEBORAH M
STREET ADDRESS 20 FOREST VIEW WAY
CITY-ST-ZIP ORMOND BECH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS 91 Carriage Creek Way
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE VD
NAME GEORGE, JOHN H
STREET ADDRESS 653 MARINA POINT
CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Delete

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

TITLE S
NAME WATRET, JOHN
STREET ADDRESS 106 HILLDALE AVE
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

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

TITLE T
NAME ROSS, DAVID L
STREET ADDRESS 2567 PARKWAY DRIVE
CITY-ST-ZIP DELAND FL 32720 ☐ 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

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:

Deborah M. Osborne

Deborah M. Osborne 4/18/00 904 253 0039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)