2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # P98000099188 1, Entity Name OPTIMAL INNOVATIONS, INC. 05-03-2000 90020 041 ***150.00 Principal Place of Business Mailing Address 4014 SOUTHERN PARKWAY 4014 SOUTHERN PARKWAY **BRADENTON FL 34205 BRADENTON FL 34205-1922** WIUIU 2. Principal Place of Business 3. Mailing Address POBOX 5601 3rd. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEi Number City & State 65-0878784 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DOUGHERTY, STEVEN Street Address (P.O. Box Number is Not Acceptable) **4014 SOUTHERN PARKWAY BRADENTON FL 34205** 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. Doughert FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Change Addition TITLE DOUGHERTY, STEVEN E NAME 4014 SOUTHERN PKWY PO BOX 11281 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34282 BRADENTON FL-34205 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-SI-ZIP

TITLE

NAME

CR2E034 (9/99)

☐ Change

☐ Addition