

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099188

1. Entity Name

OPTIMAL INNOVATIONS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90308 019 ***150.00

Principal Place of Business

5601 3RD ST W
LOT-36
BRADENTON FL 34282

Mailing Address

P O BOX 11281
BRADENTON FL 34282

2. Principal Place of Business

4 PIN-OAK DRIVE

Suite, Apt. #, etc.

3. Mailing Address

4 PIN-OAK DRIVE

Suite, Apt. #, etc.

City & State

E. SANDWICH, MA

City & State

E. SANDWICH, MA

Zip

02537

Country

USA

Zip

02537

Country

USA

4. FEI Number

65-0878784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOUGHERTY, STEVEN
5601 3RD ST W LOT-36
BRADENTON FL 34282

7. Name and Address of New Registered Agent

Name

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

6608 WOOD MEADOW LOOP

City

BRADENTON

FL

Zip Code

34202

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, 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, 2001 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	P	<input type="checkbox"/> Delete
NAME	DOUGHERTY, STEVEN E	
STREET ADDRESS	P O BOX 11281	
CITY-ST-ZIP	BRADENTON FL 34282	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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	<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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Steven E Dougherty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01 508 776 8402

Date

Daytime Phone #

CR2E034 (10/00)