

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN -4 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000101760**

1. Entity Name

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**OPTIN INC**

3. Mailing Address

**2101 NW CORPORATE BLVD**

Suite, Apt. #, etc.

**SUITE 102  
2101 NW CORPORATE BLVD**

Suite, Apt. #, etc.

**SUITE 102**

DO NOT WRITE IN THIS SPACE

City & State

**BOCA RATON, FL.**

City & State

**BOCA RATON, FL.**

4. FEI Number

**65-0881219**

Applied For

Not Applicable

Zip

**33431**

Country

**USA**

Zip

**33431**

Country

**USA**

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**STEVE HADIKABIS**

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

**2101 NW CORPORATE BLVD**

**SUITE 102**

City

**BOCA RATON, FL. 33431 FL 33431**

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]*

(Signature of current or proposed name of registered agent and state 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)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
STEVE HADIKABIS  
2101 NW CORPORATE BLVD SUITE 102  
BOCA RATON, FL. 33431**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/02

901-498-4422

DATE

Daytime Phone #

CR2E034B (12/01)