

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000101816** ✓

1. Entity Name

Optimal Software Solutions, Inc.

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90108 046 \*\*\*150.00

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

441 Monte Cristo Blvd  
Suite, Apt. #, etc.

3. Mailing Address

441 Monte Cristo Blvd.  
Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

593564097

Applied For

Not Applicable

Zip

33715

Country

USA

Zip

33715

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

David DiCicco  
441 Monte Cristo Blvd.  
St. Petersburg, FL 33715

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 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

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P/V/T/S/D/C/M

David DiCicco

441 Monte Cristo Blvd.

St. Petersburg, FL 33715

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

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☐ 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:

David DiCicco David DiCicco, President

Date

Daytime Phone #

3/29/00 127-319-5873

CR2E034 (9/99)