

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000101816

FILED
Apr 11, 2003
Secretary of State

Entity Name: OPTIMAL SOFTWARE SOLUTIONS, INC.

Current Principal Place of Business:

441 MONTE CRISTO BLVD.
ST. PETERSBURG, FL 33715

New Principal Place of Business:

Current Mailing Address:

441 MONTE CRISTO BLVD.
ST. PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 59-3564097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICICCO, DAVID
441 MONTE CRISTO BLVD.
ST. PETERSBURG, FL 33715

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DICICCO, DAVID
Address: 441 MONTE CRISTO BLVD.
City-St-Zip: ST. PETERSBURG, FL 33715

Title: PVTs () Delete
Name: DICICCO, DAVID
Address: 441 MONTE CRISTO BLVD
City-St-Zip: SAINT PETERSBURG, FL 33715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID DICICCO

P

04/11/2003

Electronic Signature of Signing Officer or Director

Date