

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005437

1. Entity Name

OPTIMAL REIMBURSEMENT SERVICES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90037 010 ***150.00

Principal Place of Business

Mailing Address

1811 TOBE WAY
GRAND RIDGE FL 32442

1811 TOBE WAY
GRAND RIDGE FL 32442-3979

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3551604

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, CHRIS
1811 TOBE WAY
GRAND RIDGE FL 32442

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME President
STREET ADDRESS Jimmie Doyle
CITY-ST-ZIP 112 Old Still Road
Crawfordville, FL 32327

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Andrea Johnson
CITY-ST-ZIP 1811 Tobe Way
Grand Ridge, FL 32442

TITLE ☐ Delete
NAME Vice President
STREET ADDRESS Debbie Hearnys
CITY-ST-ZIP 1255 Lee Road 33
Salem AL 36874

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME Secretary
STREET ADDRESS Andrea Johnson
CITY-ST-ZIP 1811 Tobe Way
Grand Ridge FL 32442

TITLE ☒ Change ☐ Addition
NAME Secretary
STREET ADDRESS Paula Johnson
CITY-ST-ZIP 2744 Waterberry Lane
Grand Ridge FL 32442

TITLE ☐ Delete
NAME Treasurer
STREET ADDRESS Chris Johnson
CITY-ST-ZIP 1811 Tobe Way
Grand Ridge FL 32442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Andrea Johnson / Andrea Johnson 4-11-00 850-592-2449

CR2E034 (9/99)