

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034563

1. Entity Name

OPTIMUM PERFORMANCE CONSULTING, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90118 014 ***158.75

Principal Place of Business

Mailing Address

914 W. OHIO AVE.
TAMPA FL 33603

914 W. OHIO AVE.
TAMPA FL 33603-5436

2. Principal Place of Business

4700 N. Florida Ave

3. Mailing Address

4700 N Florida Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3572595

Applied For

Not Applicable

Zip

33603

Country

Hillsborough

Zip

33603

Country

Hillsborough

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

SIMMS, JENNIE L
914 W. OHIO AVE.
TAMPA FL 33603

Name

Jennie L Simms

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

4700 N. Florida Ave.

City

Tampa

FL

Zip Code

33603

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

Jennie L Simms

Jennie L Simms

1/25/00

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
STREET ADDRESS
CITY-ST-ZIP
D
SIMMS, JENNIE L
310 E. JEAN ST.
TAMPA FL 33604

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILKES, VICKI L
914 W. OHIO AVE.
TAMPA FL 33603

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
CRANE, SHERI L
914 W. OHIO AVE.
TAMPA FL 33603

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

Jennie L Simms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/00

813-503-4890