

07-10-2001 90121 029 ***558.75

DOCUMENT # P99000034563	
1. Entity Name OPTIMUM PERFORMANCE CONSULTING, INC. 4700 N FLORIDA AVE TAMPA, FL 33603	
Principal Place of Business 4700 N FLORIDA AVE TAMPA, FL 33603	Mailing Address 4700 N FLORIDA AVE TAMPA, FL 33603
2. Principal Place of Business 914 W OHIO AVENUE Suite, Apt. #, etc.	3. Mailing Address PO BOX 9553 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-3572595		Applied For Not Applicable																															
Zip 33603		Country USA		Zip 33674-9553		Country USA																															
5. Certificate of Status Desired <input checked="" type="checkbox"/>				8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																	
SIMMS, JENNIE L 4700 N FLORIDA AVE TAMPA, FL 33603				Name CRANE, SHERI L																																	
				Street Address (P.O. Box Number is Not Acceptable) 914 W OHIO AVENUE																																	
				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: <i>[Signature]</i> SHERI CRANE VICE PRESIDENT July 4, 2001 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																					
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/> <div style="border: 1px solid black; padding: 2px; display: inline-block; text-align: center;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2001 Fee will be \$650.00 Make Check Payable to Department of State </div> <div style="float: right; text-align: right;"> 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div>																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;">DIRECTOR SIMMS, JENNIE L 310 E. JEAN ST. TAMPA FL 33604</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>DIRECTOR WILKES, VICKI L 914 W. OHIO AVE. TAMPA FL 33603</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>DIRECTOR CRANE, SHERI L 914 W. OHIO AVE. TAMPA FL 33603</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="width: 48%;"> 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 40%;">P/T/D WILKES, VICKI L 914 W. OHIO AVE. TAMPA FL 33603</td> <td style="width: 20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>V/T/D CRANE, SHERI L 914 W. OHIO AVE. TAMPA FL 33603</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>								TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SIMMS, JENNIE L 310 E. JEAN ST. TAMPA FL 33604	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WILKES, VICKI L 914 W. OHIO AVE. TAMPA FL 33603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CRANE, SHERI L 914 W. OHIO AVE. TAMPA FL 33603	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D WILKES, VICKI L 914 W. OHIO AVE. TAMPA FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/D CRANE, SHERI L 914 W. OHIO AVE. TAMPA FL 33603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of 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: <i>[Signature]</i> SHERI CRANE VICE PRESIDENT July 4 2001 456-9463 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																					