

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90113 050 ***158.75

0567153 AT

DOCUMENT # P99000034563

1. Entity Name

OPTIMUM PERFORMANCE CONSULTING, INC.

Principal Place of Business

Mailing Address

**914 W. OHIO AVE
TAMPA FL 33603**

**P.O. BOX 9553
TAMPA FL 33674-9553**

1 2 4 2 J U



2. Principal Place of Business

3. Mailing Address

**614 Spring Lake Blvd
Suite, Apt. #, etc.**

**P.O. Box 380461
Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

City & State

Port Charlotte, FL

Murdoch FL

4. FEI Number

59-3572595

Applied For

Not Applicable

Zip

Country

Zip

Country

33952

USA

33938

USA

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

**CRANE, SHERI L
914 W. OHIO AVE
TAMPA FL 33603**

Name

Vicki L. Wilkes

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

614 Spring Lake Blvd

City

Port Charlotte

FL

Zip Code

33952

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

Vicki L. Wilkes, President

1/15/2002

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, 2002 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 **PTD** ☐ Delete
NAME **WILKES, VICKI L**
STREET ADDRESS **914 W. OHIO AVE.**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **PTD** ☒ Change ☐ Addition
NAME **Wilkes, Vicki L.**
STREET ADDRESS **614 Spring Lake Blvd**
CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE **VTD** ☐ Delete
NAME **CRANE, SHERI L**
STREET ADDRESS **914 W. OHIO AVE.**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **VTD** ☒ Change ☐ Addition
NAME **Crane, Sheri L.**
STREET ADDRESS **614 Spring Lake Blvd**
CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED. Wilkes, Vicki L., President

1/15/2002

941-456-9625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)