

DOCUMENT # P99000037536

1. Entity Name

G.P.T.I.M.A.L COMMUNICATORS, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90232 034 \*\*\*150.00

Principal Place of Business

Mailing Address

~~612 E. COLONIAL DR., STE. 150~~  
~~ORLANDO, FL 32803~~
~~612 E. COLONIAL DR., STE. 150~~  
~~ORLANDO, FL 32803~~

 3705 Aldergate PL  
 Casselberry FL 32707

 3705 Aldergate PL  
 Casselberry, FL 32707

2. Principal Place of Business

3. Mailing Address

3705 Aldergate PL

3705 Aldergate PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Casselberry

Casselberry

City &amp; State

City &amp; State

FL

Florida

Zip 32707

Country USA

Zip 32707

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3573154

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

~~THARP, PHILIP A~~  
~~612 E. COLONIAL DR., STE. 150~~  
~~ORLANDO FL 32803~~

Name

Jodi S. Floyd

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

3705 Aldergate PL

City

Casselberry

FL

Zip Code

32707

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)

4400

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	THARP, PHILIP A	612 E. COLONIAL DR., STE. 150	ORLANDO FL 32803	
	Jodi S. Floyd	3705 Aldergate PL	Casselberry FL 32707	<input type="checkbox"/> Delete
	Jorge Ramos	4002 Atrium Dr	Orlando, Florida 32822	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

4-4-00

Daytime Phone #

407 699 9011