

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90031 008 ***150.00

DOCUMENT # P99000037536

1. Entity Name

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

Principal Place of Business

**3705 ALDERGATE PL.
 CASSELBERRY FL 32707**

Mailing Address

**3705 ALDERGATE PL.
 CASSELBERRY FL 32707**

2. Principal Place of Business

5744 Canton Cove

3. Mailing Address

5744 Canton Cove

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 110

City & State

Winter Springs, FL

City & State

Winter Springs, FL

Zip

32708

Country

Senirole

Zip

32708

Country

Senirole

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

FLOYD, JODI S

3705 ALDERGATE PL.

CASSELBERRY FL 32707

**5744 Canton Cove
 Suite 110
 Winter Springs, FL
 32708**

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	FLOYD, JODI S	
STREET ADDRESS	3705 S. ALDERGATE PL	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, JORGE	
STREET ADDRESS	4002 ATRIUM DR.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	SAU FILIPPO, DAVID	<input type="checkbox"/> Delete
NAME	One Purlieu Place #280	
STREET ADDRESS	Winter Park, FL 32792	
CITY-ST-ZIP	32792	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Engleman, Greg	
STREET ADDRESS	1829 KALURNA Court	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAU FILIPPO, DAVID	
STREET ADDRESS	One Purlieu Place #280	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Engleman, Greg	
STREET ADDRESS	1829 KALURNA Court	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/01

Date

407-571-2486

Daytime Phone #

CR2E034 (10/00)