

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90092 010 \*\*\*550.00

**DOCUMENT # P99000037536**

1. Entity Name

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

Principal Place of Business

5744 CANTON COVE  
 110  
 WINTER SPRINGS FL 32708

Mailing Address

5744 CANTON COVE  
 110  
 WINTER SPRINGS FL 32708

2. Principal Place of Business

7200 ALOMA AVE SUITE F

3. Mailing Address

7200 ALOMA AVE SUITE F

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER PARK FL

City & State

WINTER PARK

Zip

32792

Country

U.S.A

Zip

32792

Country

U.S.A

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

FLOYD, JODI S

5744 CANTON COVE

110

WINTER SPRINGS FL 32708

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 P  
 NAME FLOYD, JODI S  
 STREET ADDRESS 3705 S. ALDERGATE PL  
 CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Delete

TITLE T  
 NAME SANFILIPPO, DAVID  
 STREET ADDRESS ONE PURLEW PLACE #280  
 CITY-ST-ZIP WINTER PARK FL 32792 ☒ Delete

TITLE V  
 NAME ENGLEMAN, GREG  
 STREET ADDRESS 1829 KALURNA COURT  
 CITY-ST-ZIP ORLANDO FL 30806 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME Floyd Jodi S.  
 STREET ADDRESS 128 Romann Dr  
 CITY-ST-ZIP Oviedo, FL 32765 ☒ Change ☐ Addition

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

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

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

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

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

CR2E034 (4/02)

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

8/30/02

Date

407 699-9016

Daytime Phone #