

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000060709
Entity Name
OPTions Night Life, INC.

APPROVED
AND
FILED

00 APR 25 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
Mailing Address

Principal Place of Business
235 ARLINGTON EXPRESSWAY
Suite, Apt. #, etc.
3. Mailing Address
7442 Roslyn Rd.
Suite, Apt. #, etc.

[Signature]

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL.
City & State
JACKSONVILLE, FL.
Zip
32211
Country
Duval
Zip
32244
Country
Duval

4. FEI Number
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Alan RANKIN
8238 Pepperwood Dr.
JACKSONVILLE, FL. 32244

7. Name and Address of New Registered Agent
Name
Margarita P. Busbee
Street Address (P.O. Box Number is Not Acceptable)
7442 Roslyn Rd.
City
JACKSONVILLE
FL
Zip Code
32244

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: *Margarita P. Busbee*
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE: 04-25-2000

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			
TITLE	Pres.	<input type="checkbox"/> Delete	
NAME	MARGARITA P. Busbee		
STREET ADDRESS	7442 Roslyn Rd.		
CITY-ST-ZIP	JACKSONVILLE, FL. 32244		
TITLE	S	<input type="checkbox"/> Delete	
NAME	Elizabeth Clemente		
STREET ADDRESS	1014 Nestling Swallow Drive		
CITY-ST-ZIP	Jacksonville, Florida 32225-0000		
TITLE	T	<input type="checkbox"/> Delete	
NAME	Elizabeth Underwood		
STREET ADDRESS	7442 Roslyn Rd.		
CITY-ST-ZIP	Jacksonville, FL. 32244		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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		<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 all other the employees.

SIGNATURE: *Margarita P. Busbee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 04-25-2000
Daytime Phone #

CR2E034 (9/99)