

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90031 009 ***150.00

DOCUMENT # P99000071484

1. Entity Name

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

Principal Place of Business

3705 ALDERGATE PLACE
CASSELBERRY FL 32707

Mailing Address

3705 ALDERGATE PLACE
CASSELBERRY FL 32707

2. Principal Place of Business

5744 Canton Cove

3. Mailing Address

One Purlier Place

Suite, Apt. #, etc.

Suite 110

Suite, Apt. #, etc.

Suite 280

City & State

Winter Springs, FL

City & State

Winter Park, FL

Zip

32708

Country

Seminole

Zip

32792

Country

Orange

4. FEI Number

59-3597864

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

3705 ALDERGATE PLACE
CASSELBERRY FL 32707

Name

SAN FILIPPO, DAVID

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

One Purlier Place

Suite 280

City

Winter Park

FL

Zip Code

32792

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	D / P	<input type="checkbox"/> Delete
NAME	FLOYD, JODI	
STREET ADDRESS	3705 ALDERGATE PLACE	5744 Canton Cove
CITY-ST-ZIP	CASSELBERRY FL 32707	Suite 110 Winter Springs, FL 32708
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		
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAN FILIPPO, DAVID	
STREET ADDRESS	One Purlier Place, Suite 280	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Englemann, Greg	
STREET ADDRESS	1829 KALUANA Court	
CITY-ST-ZIP	Orlando, FL 32806	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramos, Luis	
STREET ADDRESS	One Purlier Place, Suite 295	
CITY-ST-ZIP	Winter Park, FL 32792	
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 fee empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/01 4075712408

CR2E034 (10/00)