2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

654524

1. Entity Name

Zip

SIGNATURE

PUTMAN, FRED L

6873 A NORTH 9TH PENSACOLA FL 32504

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00

IDEAL OPTICAL, INC.



Country

Name

City

Principal Place of Business Mailing Address IDEAL OPTICAL INC. 6873 A NORTH 9TH AVE. 6873 A NORTH 9TH AVE. PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

6. Name and Address of Current Registered Agent

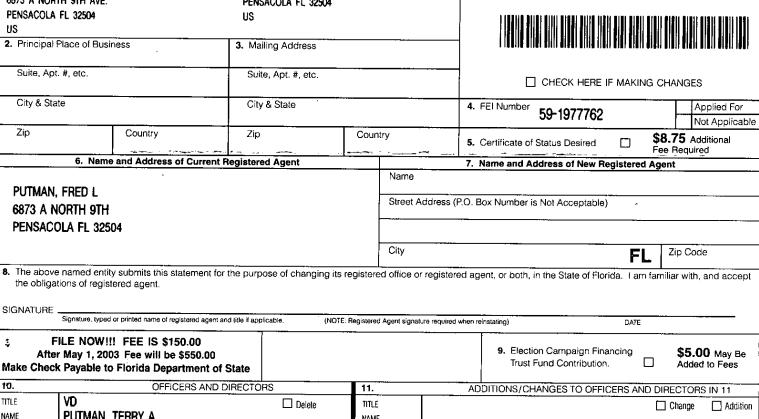
Signature, typed or printed name of registered agent and title if applicable.

Zip

Country

FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90840 037 ***150.00



	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State			Trust Fund Contribution. Added to Fees
10.	OFFICERS AND DIRECTOR		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PUTMAN, TERRY A. 6873 A NORTH, 9TH AVE. PENSACOLA FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PUTMAN, BRENDA 6873 A NORTH, 9TH AVE. PENSACOLA FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, JOE 832 CREIGHTON RD PENSACOLA FL 32504	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUTMAN, FRED L 6873 A NORTH, 9TH AVE. PENSACOLA FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PRESIDENT