

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90059 003 \*\*\*150.00

1 MAR 27 2002 AM

**DOCUMENT # J94535**

1. Entity Name  
**DML OPTICAL, INC.**

Principal Place of Business  
**3435 49TH ST N**  
**ST. PETERSBURG FL 33710**  
**US**

Mailing Address  
**3435 49TH ST N**  
**ST. PETERSBURG FL 33710**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2846714**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SKALSKI, JOSEPH C ESQ.**  
**14010 ROOSEVELT BLVD.**  
**SUITE 708**  
**CLEARWATER FL 33762**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FLOOD, LYNDA K.</b>
STREET ADDRESS	<b>3435 49TH ST N</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33710</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KONCZAL, SUSAN M.</b>
STREET ADDRESS	<b>3435 49TH ST N</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33710</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KONCZAL, JOSEPHINE</b>
STREET ADDRESS	<b>3435 49TH ST N</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33710</b>
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 like empowered.

SIGNATURE: *Josephine M. Konczal* (Josephine Konczal) 787-522-8423  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)