

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90071 004 ***150.00

DOCUMENT # P97000006075

1. Entity Name

OPTICAL OUTLET IV, INC.

Principal Place of Business

Mailing Address

3083 SW MARTIN DOWNS BLVD
 PALM CITY FL 34990
 US

3083 MARTIN DOWNS BLVD
 PALM CITY FL 34990-2644
 US

2. Principal Place of Business

3. Mailing Address

319 S.E. Port St Lucie Blvd
 Suite, Apt. #, etc.

319 S.E. Port St. Lucie Blvd
 Suite, Apt. #, etc.

City & State

Port St Lucie, FL

City & State

Port St Lucie, FL

4. FEI Number

65-0722038

Applied For

Not Applicable

Zip

34984

Country

USA

Zip

34984

Country

USA

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

ARTEAGA, LORRAINE
 898 SE KENDALL AVENUE
 PORT ST. LUCIE FL 34983

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

L. Arteaga LORRAINE ARTEAGA, PRES.

1/31/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME P ARTEAGA, LORRAINE
 STREET ADDRESS 898 SE KENDALL AVENUE
 CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ST ARTEAGA, RENE
 STREET ADDRESS 898 SE KENDALL AVE
 CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D OLESEN, CLAYTON L
 STREET ADDRESS 3083 SW MARTIN DOWNS BLVD
 CITY-ST-ZIP PALM CITY FL 34990

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

L. Arteaga LORRAINE ARTEAGA, PRES.

Date

Daytime Phone #

1/31/00 1-561-878-1414