

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90177 028 ***150.00

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DOCUMENT # P97000006075



1. Entity Name
OPTICAL OUTLET IV, INC.

Principal Place of Business
**319 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34984
US**

Mailing Address
**319 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34984
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0722038**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARTEAGEA, 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	ARTEAGA, LORRAINE
STREET ADDRESS	898 SE KENDALL AVENUE
CITY-ST-ZIP	PORT ST. LUCIE FL 34983
TITLE	ST <input type="checkbox"/> Delete
NAME	ARTEAGA, RENE
STREET ADDRESS	898 SE KENDALL AVE
CITY-ST-ZIP	PORT ST LUCIE FL 34983
TITLE	D. <input type="checkbox"/> Delete
NAME	OLESEN, CLAYTON L
STREET ADDRESS	319 SE PORT ST LUCIE BLVD
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE: *Lorraine Arteaga* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2003
Date

Daytime Phone #

CR2E034 (10/02)