

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90181 022 ***150.00

DOCUMENT # **S42824**

1. Entity Name
DISCOUNT OPTICS, INC.

Principal Place of Business
6600 W ROGERS CIRCLE
#9
BOCA RATON FL 33487
US

Mailing Address
6600 W ROGERS CIRCLE
#9
BOCA RATON FL 33487
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1200 South Rogers Circle

3. Mailing Address
1200 South Rogers Circle

Suite, Apt. #, etc.
#13

Suite, Apt. #, etc.
#13

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number **65-0255783**

Applied For
 Not Applicable

Zip
33487

Country
US

Zip
33487

Country
US

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

OPPER, NORMAN
6600 W ROGERS CIRCLE
#9
BOCA RATON FL 33487

Name
 Street Address (P.O. Box Number is Not Acceptable)
18420 Longlake Drive
 City **Boca Raton** FL Zip Code **33496**

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 _____ (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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete OPPER, NORMAN 18420 LONG LAKE DRIVE BOCA RATON FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP-Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Scott Oppen 18420 Long Lake Drive Boca Raton FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP-Sales <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Todd Oppen 18420 Long Lake Drive Boca Raton FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP-Marketing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jared Oppen 18420 Longlake Drive Boca Raton FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Norman Oppen* **SIGNATURE REQUIRED** **3/29/02** **(561) 995-2400**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #