

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90633 001 ***300.00

DOCUMENT # 259038 1. Entity Name UNITED OPTICAL LAB OUTLET, INC.					
Principal Place of Business 326 BROAD ST. JACKSONVILLE, FL 32202 US			Mailing Address 326 BROAD ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business 326 Broad St Suite, Apt. #, etc.		3. Mailing Address 326 Broad St Suite, Apt. #, etc.		66416548 	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL		4. FEI Number 59-0949988	
Zip 32202		Country DUVAL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGERO SR, JOE F 326 BROAD ST. JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Joe F. ROGERO, JR Street Address (P.O. Box Number is Not Acceptable) 326 BROAD ST. City JACKSONVILLE FL Zip Code 32202	
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 <u><i>Joe F. Rogero</i></u> DATE <u>4/27/04</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROGERO SR, JOE F. 8849 MARLEE ROAD JACKSONVILLE, FL	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President ROGERO JR Joe F. 8830 MARLEE RD / JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT ROGERO, NONA 8830 MARLEE ROAD JACKSONVILLE, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROGERO, JR JOE F. 8830 MARLEE ROAD JACKSONVILLE, FL	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ 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 fees empowered.					
SIGNATURE: <u><i>Joe F. Rogero</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4/13/04</u> Daytime Phone # <u>904-356-7681</u>		