

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90109 035 ***150.00

DOCUMENT # 321181

1. Entity Name

FRANEL OPTICAL SUPPLY CO.

Principal Place of Business

111 ATLANTIC DRIVE
 MAITLAND FL 32751

Mailing Address

PO BOX 940096
 MAITLAND FL 32794-0096
 US

901016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2104 Platinum Road
 Suite, Apt. #, etc.

3. Mailing Address

P O Box 96
 Suite, Apt. #, etc.

City & State

Apopka, Florida

City & State

Apopka, Florida

4. FEI Number

59-1196338

Applied For

Not Applicable

Zip

Country

32703

USA

Zip

Country

32704

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

LEPOW, NEIL
 111 ATLANTIC DRIVE
 MAITLAND FL 32751

Name

DAVID LEPOW

Street Address (P.O. Box Number is Not Acceptable)

2104 Platinum Road

City

Apopka

FL

Zip Code

32703

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

David Lepow

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

D. Lepow

01/07/00

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

PD LEPOW, NEIL ADDRESS 111 ATLANTIC DRIVE ST-ZIP MAITLAND FL 32751 <input checked="" type="checkbox"/> Delete	TITLE PD NAME LEPOW, DAVID STREET ADDRESS 2104 Platinum Road CITY-ST-ZIP Apopka, Florida 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STD LEPOW, FRANCES ADDRESS 111 ATLANTIC DRIVE ST-ZIP MAITLAND FL 32751 <input type="checkbox"/> Delete	TITLE STD NAME LEPOW, FRANCES STREET ADDRESS 2104 Platinum Road CITY-ST-ZIP Apopka, Florida 32703 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V LEPOW, DAVID ADDRESS 111 ATLANTIC DR. ST-ZIP MAITLAND FL 32751 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

FRANCES LEPOW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/00

Date

407 831 4000

Daytime Phone #

CR2E034 (9/99)