

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90003 037 ***550.00

DOCUMENT # 399179

1. Entity Name

D & E OPTICAL, INC.

Principal Place of Business

Mailing Address

1607 9TH ST N
 ST PETERSBURG FL 33704

P O BOX 76416
 ST PETERSBURG FL 33734-6416
 US

2. Principal Place of Business

2200-16th ST. NO.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. PETERSBURG FL

City & State

Zip

33704

Country

USA

Zip

Country

4. FEI Number

59-1397825

Applied For

Not Applicable

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

ELLIOTT, DONALD G
1170 44TH AVE. NE
ST PETERSBURG FL 33703

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

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 PD ☐ Delete
 NAME ELLIOTT, DONALD G
 STREET ADDRESS 7935 GATEWAY MALL
 CITY-ST-ZIP ST PETERSBURG FL

TITLE PD ☒ Change ☐ Addition
 NAME DONALD G. ELLIOTT
 STREET ADDRESS 2200-16th ST No.
 CITY-ST-ZIP St. PETERSBURG FL 33704

TITLE D ☐ Delete
 NAME ELLIOTT, PAMELA
 STREET ADDRESS 7935 GATEWAY MALL
 CITY-ST-ZIP ST PETERSBURG FL

TITLE D ☒ Change ☐ Addition
 NAME PAMELA E. ELLIOTT
 STREET ADDRESS 2200-16th ST. NO.
 CITY-ST-ZIP St. PETERSBURG, FL 33704

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 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:

Donald G. Elliott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00
 Date

727 823-3334
 Daytime Phone #

CR2E034 (9/99)