2001 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or sup of the corporation or the recechanged, or on an attachment

SIGNATURE:

Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # 465294** ARNOLD OPTICIANS, INC. 04-17-2001 90105 018 ***150.00 Mailing Address Principal Place of Business 2326 BLANDING_BLVD 2326 BLANDING BLVD JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State 59-1560918 Not Applicable DUVAL \$8.75 Additional 5. Certificate of Status Desired _____ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen Name BRYAN (LARRY L.) Street Address (P.O. Box Number is Not Acceptable) 1103 SOUTH THIRD STREET JACKSONVILLE BEACH FL Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change ☐ Addition **PSD** □ Delete TITLE TITLE Ð CHARLIE ARNOLD NAME NAME STREET ADDRESS 3588 SILVERY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE TITLÉ ☐ Delete NAME NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

de 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 stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in address with all other like empowered.