## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 530368** Jan 20, 2000 8:00 am Secretary of State 1. Entity Name PIERSON OPTICAL CO., INC. 01-20-2000 90160 003 \*\*\*150.00 Principal Place of Business Mailing Address 9999 HUMMINGBIRD BLVD. 9999 HUMMINGBIRD BLVD. PENSACOLA FL 32514 PENSACOLA FL 32514-2709 3. Mailing Address 100 North 9999 Hummingbird Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ensacola 15acola Applied For City & State 4. FEI Number 59-1725607 500 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ~Fee.Required ~ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIERSON, THOMAS K. JR. Street Address (P.O. Box Number is Not Acceptable) 9999 HUMMINGBIRD BLVD. PENSACOLA FL 32514 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. yped or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) , Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition ☐ Delete PIERSON, THOMAS K. NAME NAME STREET ADDRESS 9999 HUMMINGBIRD BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514... Delete TITI F ☐ Addition TITLE ☐ Change PIERSON, JOYCE NAME NAME 9999 HUMMINGBIRD BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PENSACOLA FL 32514 Thomas K. Pierson Jr TITLE TITLE ☐ · Delete rhomas K. ricisiii Jr you mirabelle Dr. Pensacola Ft. 32514 Pichand Pierson gos Crystal Springs Ave PIERSON, THOMAS K JR. NAME NAME 9504 HILLVIEW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32514 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE PIERSON, RICHARD NAME NAME 351 MARY ESTHER CUT OFF #4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARY ESTHER FL 32569 CITY-ST-ZIP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

Delete \_\_\_

TITLE

NAME STREET ADDRESS

☐ Change

Addition