

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 08, 2000 08:00 AM****Secretary of State****DOCUMENT # 548478**

1. Entity Name

LEA OPTICAL, INC.

Principal Place of Business

5410 115TH AVENUE, NORTH

CLEARWATER

33760

FL

US

Mailing Address

5410 115TH AVENUE, NORTH

CLEARWATER

33760

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-1771257

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

LEA, J DAVIS

5410 115TH AVENUE NORTH

CLEARWATER, FLORIDA

34620

US

**7. Name and Address of New Registered Agent**

Name

LEA, J DAVIS

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

5410 115TH AVENUE NORTH

City

CLEARWATER

**FL**Zip Code  
33760

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 **J DAVIS LEA**

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

(NOTE: Registered Agent signature required when reinstating)

**07/08/2000**

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**TITLE V ☐ Delete  
NAME LEA ANTHONY J  
STREET ADDRESS 6320 66TH AVE N  
CITY-ST-ZIP PINELLAS PARK FLTITLE SD ☐ Delete  
NAME LEA, FRANCES K.  
STREET ADDRESS 6320 66TH AVE N  
CITY-ST-ZIP PINELLAS PARK FLTITLE PD ☐ Delete  
NAME LEA, J. DAVIS  
STREET ADDRESS 6320 66TH AVE N  
CITY-ST-ZIP PINELLAS PARK FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: Anthony J. Lea

Y

07/08/2000