

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90043 034 ***150.00

DOCUMENT # 559285

1. Entity Name
ISLAND OPTICAL, INC.



Principal Place of Business

**1387 SOUTH FIRST
LAKE CITY FL 32055**

Mailing Address

**1387 SOUTH FIRST
LAKE CITY FL 32055**

22004665



2. Principal Place of Business

763 S.W. MAIN BLVD.

Suite, Apt. #, etc.

SUITE 101

City & State

LAKE CITY, FL

Zip

32025

Country

3. Mailing Address

763 S.W. MAIN BLVD.

Suite, Apt. #, etc.

SUITE 101

City & State

LAKE CITY, FL

Zip

32025

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1790865

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HERSHMAN, KEVIN
1387 SOUTH FIRST STREET
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name

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

763 S.W. MAIN BLVD.

SUITE 101

City

LAKE CITY

FL

Zip Code

32025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **HERSHMAN, KEVIN**
STREET ADDRESS **1387 S. FIRST STREET**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE Change Addition
NAME
STREET ADDRESS **763 S.W. MAIN BLVD., SUITE 101**
CITY-ST-ZIP **LAKE CITY, FL 32025**

TITLE Delete
NAME **FOREMAN, RONALD R**
STREET ADDRESS **1387 S. FIRST ST.**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE Change Addition
NAME
STREET ADDRESS **763 S.W. MAIN BLVD., SUITE 101**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

386-750-1722

Daytime Phone #

CR2E034 (10/02)