2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am Secretary of State **DOCUMENT # 580572** 1. Entity Name MILLIGAN OPTICAL, INC. 01-21-2000 90086 047 ***150.00 Principal Place of Business Mailing Address 7925 66TH ST. N. 7925 66TH ST. N. PINELLAS PARK FL 33781 PINELLAS PARK FL 33781-2106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1829575 Not Applicable Country Country \$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 MILLIGAN, RONALD S. Street Address (P.O. Box Number is Not Acceptable) 8775 58TH ST. NORTH PINELLAS PARK FL 33565 City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE PST Delete ☐ Change ☐ Addition NAME MILLIGAN, RONALD S STREET ADDRESS STREET ADDRESS 8775 58TH ST NORTH CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL ☐ Addition ☐ Delete TITLE Change TITLE MILLIGAN, PATRICIA L. NAME NAME STREET ADDRESS STREET ADDRESS **8775 58TH ST NORTH** CITY-ST-ZIP CITY-ST-ZIE PINELLAS PARK FL ☐ Change __ Addition ☐ Delete TITLE TITLE TMANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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