

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 596618

1. Entity Name

BRYSEN OPTICAL CORPORATION

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90227 046 \*\*\*150.00

Principal Place of Business

946 MAIN ST  
SAFETY HARBOR FL 34695

Mailing Address

946 MAIN ST  
SAFETY HARBOR FL 34695-3454

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 59-1864771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOROTA, JOSEPH J JR  
COSTAL BUILDING, STE. 504  
28100 U.S. HWY. 19 NORTH  
CLEARWATER FL. FL 34621

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

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 CP  
NAME STRICKLAND, WILLIAM P  
STREET ADDRESS 1705 HUNTINGTON CT  
CITY-ST-ZIP SAFETY HARBOR FL ☐ Delete

TITLE STD  
NAME STRICKLAND, ELLEN F  
STREET ADDRESS 1705 HUNTINGTON CT  
CITY-ST-ZIP SAFETY HARBOR FL ☐ Delete

TITLE V  
NAME BUCHSBAUM, PHILIP  
STREET ADDRESS 4973 TURTLE CREEK TRAIL  
CITY-ST-ZIP OLDSMAR FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME Strickland, William B  
STREET ADDRESS 215 Turtle Creek Circle  
CITY-ST-ZIP Oldsmar FL ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00 727-724-0555