

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/17/2000 90017 046 \*\*\*150.00

DOCUMENT # 657530

1. Entity Name

BRENT OAKS OPTICAL, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90017 046 \*\*\*150.00

Principal Place of Business

Mailing Address

33 BRENT LANE  
PENSACOLA FL 32503  
US

33 BRENT LANE  
PENSACOLA FL 32503-2288  
US

2. Principal Place of Business

5555 Hibiscus Rd

Suite, Apt. #, etc.

3. Mailing Address

5555 Hibiscus Rd

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pensacola FL

Zip

32504

Country

USA

City & State

Pensacola FL

Zip

32504

Country

4. FEI Number

59-1978898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

5555 Hibiscus Rd

City

Pensacola FL

FL

Zip Code

32504

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

*W. T. Rainer - PRESIDENT*

3-13-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAINER, WILLIAM T 5555 HIBISCUS RD PENSACOLA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST RAINER, JANELLE J. 5555 HIBISCUS RD PENSACOLA, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE:

*W. T. Rainer* W. T. RAINER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-2000 850 477 0384

Date

Daytime Phone #