2000 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **F34671** 1. Entity Name CONRAD OPTICAL, INC. 04-27-2000 90073 032 ***150.00 Mailing Address Principal Place of Business 1970 HILLVIEW ST. 1970 HILLVIEW ST. SARASOTA FL 34239-3607 SARASOTA FL 34239 948432 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2095712 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired . __ ____ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONRAD, EARLES Street Address (P.O. Box Number is Not Acceptable) 597 PINE RANCH EAST ROAD OSPREY FL 34229 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE 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) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP Change ☐ Addition TITLE ☐ Delete CONRAD, EARLES NAME 597 PINE RANCH EAST RD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP OSPREY FL ☐ Addition Change ☐ Delete TITLE TITLE CONRAD.VERLA NAME NAME STREET ADDRESS STREET ADDRESS 4436 WILKINSON ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL_ ☐ Addition Change ☐ Delete TITLE TITLE NAME 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 Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 Enles Almad Earles L. Conra

4-20-00 (941)-366-2090