

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

042967

DOCUMENT # F95000000900

1. Entity Name
OMEGA OPTICAL GENERAL, INC.

00 FEB -7 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
13515 N. STEMMONS FREEWAY ATTN: ANN E POINTER
DALLAS TX 75234 2400 118TH AVENUE NORTH
US ST PETERSBURG FL 33716-1917
US US



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 75-2572792 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|---|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301 | | | | Name CT CORPORATION SYSTEM | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) CO CT CORPORATION SYSTEM | | | |
| | | | | 1200 SOUTH PINE ISLAND RD. | | | |
| | | | | City Plantation | | FL | |

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 *Vicky Goldstein* **VICKY GOLDSTEIN** 2/4/00
Special Assistant Secretary DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|--|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> | 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. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|---------------------------------|--|----------------|---|--|------------------|--------------------------|
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | 4000003140674--3 | |
| NAME | PADDISON, CHRIS | | NAME | | | | -02/21/00--01012--022 |
| STREET ADDRESS | 13515 N STEMMONS FREEWAY | | STREET ADDRESS | | | | ****150.00 ****150.00 |
| CITY-ST-ZIP | DALLAS TX 75234 | | CITY-ST-ZIP | | | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | POINTER, ANN E | | NAME | | | | |
| STREET ADDRESS | 2400 118TH AVENUE NO | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | ST PETERSBURG FL 33716 | | CITY-ST-ZIP | | | | |
| TITLE | AS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | DENDLE, MARK | | NAME | | | | |
| STREET ADDRESS | 13515 N STEMMONS FREEWAY | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | DALLAS TX 75234 | | CITY-ST-ZIP | | | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | SCHON, JONI | | NAME | | | | |
| STREET ADDRESS | 13515 N STEMMONS FREEWAY | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | DALLAS TX 75234 | | CITY-ST-ZIP | | | | |
| TITLE | C | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | | |
| NAME | STOERR, JACQUES | | NAME | | | | |
| STREET ADDRESS | 13515 N STEMMONS FREEWAY | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | DALLAS TX 75234 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |

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: *Ann E. Pointer* **Ann E. Pointer** 2/3/00 727-572-0844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)