

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 8:00 am**
Secretary of State

04-10-2001 90066 032 ***150.00

DOCUMENT # F95000000900

1. Entity Name

OMEGA OPTICAL GENERAL, INC.

Principal Place of Business

**13515 N. STEMMONS FREEWAY
DALLAS TX 75234
US**

Mailing Address

**ATTN: ANN E POINTER
2400 118TH AVENUE NORTH
ST PETERSBURG FL 33716
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2572792**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2001 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	P PADDISON, CHRIS 13515 N STEMMONS FREEWAY DALLAS TX 75234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POINTER, ANN E 2400 118TH AVENUE NO ST PETERSBURG FL 33716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DENDLE, MARK 13515 N STEMMONS FREEWAY DALLAS TX 75234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHON, JONI 13515 N STEMMONS FREEWAY DALLAS TX 75234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PADDISON, CHRIS 13515 N STEMMONS FREEWAY DALLAS TX 75234	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGNIERES, HUBERT 13515 N. STEMMONS FREEWAY DALLAS TX 75234	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S MILAN, DAVID 13515 N. STEMMONS FRWY. DALLAS TX 75234	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
AS WALSH, GRETCHEN 2400 118th Avenue No. St. Petersburg FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
AT Rismiller, Kathy 2400 118th Avenue No. St. Petersburg FL 33716	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRETCHEN WALSH 4/3/01 727-572-0844
Daytime Phone #

0364184

CR2E034 (10/00)