

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90124 047 \*\*\*150.00

**DOCUMENT # F95000001848**

1. Entity Name  
**THE OAKLEY CORPORATION**



Principal Place of Business  
**8 SOUTH 16TH ST  
TERRE HAUTE IN 47807-4102**

Mailing Address  
**8 SOUTH 16TH ST  
TERRE HAUTE IN 47807-4102**

**90005033**



☐ CHECK HERE IF MAKING CHANGES

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 **35-0556020**

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

**SIMPSON, JR., JOHN R  
C/O POHL & SHORT, P.A.  
280 WEST CANTON AVENUE, SUITE 410  
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **PERRY, ESTON L**  
STREET ADDRESS **25 BOGART DR**  
CITY-ST-ZIP **TERRE HAUTE IN 47803-2401**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **PERRY, JENNIFER LEE**  
STREET ADDRESS **25 BOGART DRIVE**  
CITY-ST-ZIP **TERRE HAUTE, IN 47803-2401**

TITLE **VD** ☐ Delete  
NAME **PERRY, ALICE ANNE**  
STREET ADDRESS **25 BOGART DR**  
CITY-ST-ZIP **TERRE HAUTE IN 47803-2401**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **PERRY, JENNIFER LYNN**  
STREET ADDRESS **1000 S. FLORTRIDGE AVE.**  
CITY-ST-ZIP **TERRE HAUTE, IN 47803**

TITLE **SVD** ☐ Delete  
NAME **HECK, JULIE ANNE**  
STREET ADDRESS **5183 LEYTONSTONE CT.**  
CITY-ST-ZIP **TERRE HAUTE IN 47803**

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

TITLE **ASD** ☐ Delete  
NAME **KIBURIS, DORIS J**  
STREET ADDRESS **RT 1, BOX 537**  
CITY-ST-ZIP **ROSEDALE IN**

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

TITLE **VTD** ☐ Delete  
NAME **PERRY, JEFFREY J**  
STREET ADDRESS **1000 S. FRUITRIDGE AVE.**  
CITY-ST-ZIP **TERRE HAUTE IN 47803**

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

TITLE **TD** ☐ Delete  
NAME **HECK, STEVE B**  
STREET ADDRESS **5183 LEYTONSTONE CT**  
CITY-ST-ZIP **TERRE HAUTE IN 47803**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ESTON L PERRY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-07-03**

**812-232-4437**

Date

Daytime Phone #

CR2E034 (10/02)