

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001463

1. Entity Name  
KENMARK OPTICAL, INC.

Principal Place of Business Mailing Address  
11851 PLANTSIDE DRIVE 11851 PLANTSIDE DRIVE  
LOUISVILLE KY 40299-6329 LOUISVILLE KY 40299-6329

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 61-0999919 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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 P HOWARD, DON  
STREET ADDRESS 11851 PLANTSIDE DRIVE  
CITY-ST-ZIP LOUISVILLE KY ☐ Delete

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

TITLE NAME V KARL, JONATHAN  
STREET ADDRESS 11851 PLANTSIDE DRIVE  
CITY-ST-ZIP LOUISVILLE KY ☐ Delete

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

TITLE NAME ST SHIELDS, MICHAEL P  
STREET ADDRESS 11851 PLANTSIDE DRIVE  
CITY-ST-ZIP LOUISVILLE KY ☐ Delete

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

TITLE NAME CD KERMAN, MARK  
STREET ADDRESS 11851 PLANTSIDE DRIVE  
CITY-ST-ZIP LOUISVILLE KY ☐ Delete

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

TITLE NAME V CUNDIFF, MIKE  
STREET ADDRESS 11851 PLANTSIDE DRIVE  
CITY-ST-ZIP LOUISVILLE KY ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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)(j), 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]

7/5/2001 502-267-4486

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90007 012 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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09/13/2001