

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006258

1. Entity Name

SUNGLASS OUTLET INCORPORATED

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90024 018 ***150.00

Principal Place of Business

6574 S BROADWAY
LITTLETON CO 80121

Mailing Address

6574 S BROADWAY
LITTLETON CO 80121

2. Principal Place of Business

10801 Corkscrew RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ESTERO FL

City & State

Zip

33928

Country

USA

Country

4. FEI Number

84-1280750

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

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, 2000 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
DP
PECK, NEIL
1645 MUIRFIELD LANE
EVERGREEN CO 80439 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SV
GARDINER, TRACEY E
9641 SOUTH TIMBER HAWK CIRCLE #26
HIGHLANDS RANCH CO 80126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1075 DEER CLOVER WAY
CASTLE ROCK, CO 80104 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

Tracey E Gardiner TRACEY E GARDINER 2/4/00 303-794-9206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #