2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90116 004 ***150.00

90135248

DOCUMENT # G00595

1. Entity Name
XOPT, INC.

Principal Place of Business
~~6910 NW 52 LANE~~ XOPT INC
~~% CHARLES F. HOOPER~~ M. RICHARDSON
~~GAINESVILLE FL 32653~~ 523 VALLEY STREAM
US GENEVA, FL 32732

Mailing Address
~~6910 NW 52 LANE~~ XOPT, INC
~~% CHARLES F. HOOPER~~ M. RICHARDSON
~~GAINESVILLE FL 32653~~ 523 VALLEY STREAM
US GENEVA FL 32732

2. Principal Place of Business
523 VALLEY STREAM DR.
Suite, Apt. #, etc.
City & State GENEVA FL
Zip 32732 Country USA

3. Mailing Address
523 VALLEY STREAM DR
Suite, Apt. #, etc.
City & State GENEVA FL
Zip 32732 Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2242345 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
~~HOOPER, CHARLES F.~~
~~6910 NW 52 LANE~~
~~GAINESVILLE FL 32653~~

7. Name and Address of New Registered Agent
Name MARTIN RICHARDSON
Street Address (P.O. Box Number is not acceptable) 523 VALLEY STREAM DRIVE
City GENEVA FL Zip Code 32732

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 M. Richardson April 15, 2003
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

TITLE	DP ☐ Delete
NAME	HOOPER, CHARLES F
STREET ADDRESS	6910 NW 52 LANE
CITY-ST-ZIP	GAINESVILLE, FL 60000
TITLE	PRESIDENT ☐ Delete
NAME	MARTIN RICHARDSON
STREET ADDRESS	523 VALLEY STREAM DR.
CITY-ST-ZIP	GENEVA FL 32732
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
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TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: SIGNATURE REQUIRED April 15, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #