

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90156 010 ***150.00

DOCUMENT # G20148

1. Entity Name

SUN HILL OPTICAL CORPORATION

Principal Place of Business

1647 SUNCITY CENTER PLAZA
 CENTER PLAZA BLDG., SUITE 203-B
 SUN CITY CENTER FL 33573
 US

Mailing Address

1647 SUNCITY CENTER PLAZA
 CENTER PLAZA BLVD., SUITE 203-B
 SUN CITY CENTER FL 33573
 US

0004J41J



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2334951**

Applied For
 Not Applicable

Zip Country

Zip Country

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

FINNEGAN, MARY RITA
322 HOLLOW TREE DRIE
SEFFNER FL 33584

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	Change	Addition
DP	FINNEGAN, MARY RITA	322 HOLLOWTREE DR.	SEFFNER FL	<input type="checkbox"/>	<input type="checkbox"/>
VP	FINNEGAN, MICHAEL FRANCIS	739 ISLETON DR	BRANDON FL	<input type="checkbox"/>	<input type="checkbox"/>
VP	FINNEGAN, FRANK ANTHONY	322 HOLLOWTREE DR.	SEFFNER FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

[Signature] **Frank Finnegan** 3-14-01

(813) 634-6344

CR2E034 (10/00)