

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90057 019 ***150.00

DOCUMENT # G20148

1. Entity Name
SUN HILL OPTICAL CORPORATION

Principal Place of Business	Mailing Address
1647 SUNCITY CENTER PLAZA CENTER PLAZA BLDG.. SUITE 203-B SUN CITY CENTER FL 33573 US	1647 SUNCITY CENTER PLAZA CENTER PLAZA BLVD.. SUITE 203-B SUN CITY CENTER FL 33573 US



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

DO NOT WRITE IN THIS SPACE

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	FINNEGAN, MARY RITA	
STREET ADDRESS	322 HOLLOWTREE DR.	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FINNEGAN, MICHAEL FRANCIS	
STREET ADDRESS	739 ISLETON DR	
CITY-ST-ZIP	BRANDON FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FINNEGAN, FRANK ANTHONY	
STREET ADDRESS	322 HOLLOWTREE DR.	
CITY-ST-ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(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]* **SIGNATURE REQUIRED** **V.P.** **1-26-02** **(813)672-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)