

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90087 018 ***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**



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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

11. 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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

1-30-03 (813)672-8100
Date Daytime Phone #

CR2E034 (10/02)