2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K01225 1. Entity Name						Jan 29, 2000 8:00 am Secretary of State			
ELECTRO	O-OPTICS, INC.						-29-2000 9005		
Principal Place of Business 2160 PARK AVENUE NORTH			Mailing Address 2160 PARK AVENUE NORTH						
WINTER PARK			VINTER PARK FL 32789-2			4 PBB(B)(1 B()	Y	+73	81611 61 811 1861
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SPACE	
City & State			City & State			4. FEI Number	59-3108493		Applied For Not Applicable
Zip	Country		Zip	Country		5. Certificate of	Status Desired	□ \$8.75 Fee Requ	Additional iired
	6. Name and Addre	ess of Current Reg	istered Agent	Na Na	me		ddress of New Reg	istered Agent	
2160	iahan, Robert K. Park ave. N. Ter Park Fl 32789					s Not Acceptable)	• - · .	-	
SIGNATURE			e purpose of changing it		ice or registere		in the State of Floric		ode
9. This corpo Tax filing re (See criter	Signature, typed or printed name oration is eligible to satis equirement and elects to ia on back)	fy its Intangible a do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCMAHAN, ROBEF 2160 NORTH PARK WINTER PARK FL		□ Delete	TITLE NAME STREET ADD CITY-ST-ZIE		ADDITIONS/CI	ANNUES TO OFFIC	Chang	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF				☐ Chang	e 🗀 Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADD CITY-ST-ZIR			-	Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIR	ŀ			☐ Chang	ge 🗌 Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADO CITY-ST-ZIF	1			☐ Chan	ge 🦳 Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TATLE NAME STREET ADD CATY-ST-ZA	l l			☐ Chanq	e

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:

O1 19 2000 (407)(645-1000)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED