

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94000000287

1. Entity Name
PREMIER OPTICS L.C.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 17 PM 12:44

Principal Place of Business

3769 NW 126TH AV
CORAL SPRINGS FL 33065

Mailing Address

P.O. BOX 771314
CORAL SPRINGS FL 33077-1314

2. Principal Place of Business

1002 209 OAK POINT LN P.O. BOX 3180
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

4. FEI Number

65-0500911

Applied For

Not Applicable

Zip

32082

Country

USA

Zip

32004

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DINGES, ALAN
3769 NW 126TH AV
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name PAUL C. PORTER

Street Address (P.O. Box Number is Not Acceptable)

209 OAK POINT LANE

City PONTE VEDRA BEACH FL

Zip Code 32082

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

ALAN DINGES

(NOTE: Registered Agent signature required when reinstating)

1-5-00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MAN
DINGES, ALAN
STREET ADDRESS 3769 NW 126TH AV
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME MANAGER
PAUL C. PORTER
STREET ADDRESS 209 OAK POINT LANE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 ☒ Change ☐ Addition

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL C. PORTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/16/00 285-5888
Date Daytime Phone #