FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91742 043 ***150.00

DOCUMENT # P00000034973

1. Entity Name

20/20 Eyeglass Superstore Inc.

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[redacted]

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2. Principal Place of Business	3. Mailing Address
965 E. Semoran BLVD	3013 Hatteras Pt.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Casselberry, FL	City & State: Oviedo FL
Zip: 32707 Country: USA	Zip: 32765 Country: USA

4. FEI Number: 59 3637153 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PATRICK R. Phillips Esq

Street Address (P.O. Box Number is Not Acceptable): 200 North Thornton Ave

City: Orlando FL Zip Code: 32801

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 ________________ 4/14/02

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) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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

TITLE	President	TITLE	
NAME	EDWARD Ucci	NAME	
STREET ADDRESS	3013 Hatteras Pt	STREET ADDRESS	
CITY-ST-ZIP	Oviedo FL 32765	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	BArbarA Ucci	NAME	
STREET ADDRESS	3013 Hatteras Pt	STREET ADDRESS	
CITY-ST-ZIP	Oviedo FL 32765	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ed Ucci 4/14/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #