2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
07-10-2001 90002 026 ***550.00

010144 AT

DOCUMENT # P00000072409

1. Entity Name
OPTICAL INTEGRITY INC.

Principal Place of Business	Mailing Address
8317 FRONT BEACH RD. SUITE 15 PANAMA CITY BEACH FL 32407	8317 FRONT BEACH RD. SUITE 15 PANAMA CITY BEACH FL 32407

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8317 FRONT BEACH ROAD	8317 FRONT BEACH ROAD
Suite, Apt. #, etc.: SUITE 21	Suite, Apt. #, etc.: SUITE 21
City & State: PANAMA CITY BEACH, FL	City & State: PANAMA CITY BEACH, FL
Zip: 32407 Country: USA	Zip: 32407 Country: USA

4. FEI Number 59-3666854 ☐ Applied For ☐ Not Applicable

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
BROWN, JOE D 8317 FRONT BEACH RD, SUITE 15 PANAMA CITY BEACH FL 32407	Name: BROWN, JOE D Street Address (P.O. Box Number is Not Acceptable): 8317 FRONT BEACH ROAD, SUITE 21 City: PANAMA CITY BEACH **FL** Zip Code: 32407

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] 7-3-01
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 $550.00
After September 12, 2001 Fee will be $750.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRESIDENT~~ ~~JOE D. BROWN~~ ~~8317 FRONT~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOE D. BROWN 8317 FRONT BEACH RD, STE 21 PANAMA CITY BEACH, FL 32407 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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 REQUIRED [signature] 7-3-01 850-233-5512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #