

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000107652

1. Entity Name
U C OPTICS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 AUG 29 PM 4:40

Principal Place of Business
390 S TYNDALL PKWY
234
PANAMA CITY, FL 32404

Mailing Address
PO BOX 246344
PEMBROKE PINES, FL 33024

2. Principal Place of Business

3. Mailing Address

390 S. TYNDALL, 234

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City

Zip

Country

Zip

32404

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3686917

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

DITCH, WILLIAM
390 S TYNDALL PKWY
PANAMA CITY, FL 32404

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's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Amended UBR is \$61.25
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	P	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, DON	
STREET ADDRESS	7118-B SINGLETON CIR	
CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE	VST	<input type="checkbox"/> Delete
NAME	DITCH, WILLIAM	
STREET ADDRESS	7118-B SINGLETON CIR	
CITY-ST-ZIP	PANAMA CITY, FL 32404	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

800022765358
09/04/03--01091--003 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/03

Daytime Phone #

CR2E034 (10/02)