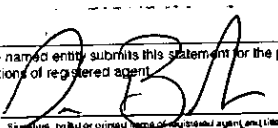
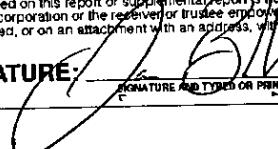


FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90435 029 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000020015				30033171	
1. Entity Name BARKER OPTICAL OF PALM RIVER, INC.					
Principal Place of Business 7452 PALM RIVER RD TAMPA, FL 33619		Mailing Address 7452 PALM RIVER RD TAMPA, FL 33619			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3704870	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARKER, RONNIE 7452 PALM RIVER RD TAMPA, FL 33619				7. Name and Address of New Registered Agent Name Jason Barker Street Address (P.O. Box Number is Not Acceptable) 7452 Palm River Rd City Tampa FL 33619	
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  Jason Barker DATE 2/6/03 (NOTE: Registered Agent's signature required when resigning.)					
FILING FEE: \$150.00 If filer May 1-2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution ☐	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BARKER, RONNIE 2511 WHISPER LN VALRICO, FL 33594	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARKER, JASON 2511 WHISPER LN VALRICO, FL 33594	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, S, T 1810 E. Palm Av. Apt 1202 TAMPA, FL 33605	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIFFNER, DULCIE 8416 SOUTHWOOD OAKS LITHIA, FL 33547	☒ 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
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
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Jason Barker DATE 2/6/03 813-626-2055 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				CR2E034 (10/02)	