

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

0005728
 AV

DOCUMENT # P01000031640

1. Entity Name
DESIGNER EYEWEAR, INC.

03-29-2002 91435 029 ***150.00

Principal Place of Business
2794 SEMINOLE VILLAGE DRIVE
MIDDLEBURG FL 32068

Mailing Address
2794 SEMINOLE VILLAGE DRIVE
MIDDLEBURG FL 32068



2. Principal Place of Business
DESIGNER EYEWEAR INC
2794 SEMINOLE VILLAGE DRIVE
5205-3 NORMANDY BLVD

3. Mailing Address
 Suite, Apt. #, etc.
SAME AS ABOVE

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FLA.

City & State

4. FEI Number
TAX ID - 59-3707533

Applied For
 Not Applicable

Zip
32205

Country
U.S.

Zip

Country

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

AKEL, EDWARD C
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

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.

SIGNATURE _____
 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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE **D** ☐ Delete
 NAME **AKEL, EDWARD F DR.** **AKEL, EDWARD F. DR**
 STREET ADDRESS **2794 SEMINOLE VILLAGE DRIVE**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
 NAME **AKEL, EDWARD F DR.**
 STREET ADDRESS **2794 SEMINOLE VILLAGE DR.**
 CITY-ST-ZIP **MIDDLEBURG, FL. 32068**

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

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

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

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: **SIG. [Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 904 781-7717
 Date Daytime Phone #

CR2E034 (9/01)