2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000031640

1. Entity Name

DESIGNER EYEWEAR, INC.



Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90241 043 ***150.00

FILED

Suite, Apt. #. etc. CHECK HERE IF MAKING CHANGES City & State City & City & State City & City & State City & State City & State City & State						Ì	GO WE THE						
Suries Appl. #, etc.	DBA NORMANDY 5205-3 NORMANI	r valuvisk Dy blvd		2794 SEMINOLE VILLAGE DRIVE									
City & State	2. Principal Pla	ce of Busin	ness	3. Mailing Address						16 111 90 100 1110	iibih aiiii ara	,, , , , , , , ,	
City & State City & State Country Country Country S. Certificate of Status Desired S8.75 Additional Fee Required* S8.	Suite, Apt. #	, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
S. 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 City City FL Zip Code 6. The above named entry submits this statement for the purpose of changing its registered digent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. SIGNATURE FILE NOWITI FEE IS \$150.00 Make Check Possible to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME SIRET ADDRESS OTH-ST-2P FILE MAKE SIRET ADDRESS OTH-ST-2P FILE Deale ITTLE MAKE SIRET ADDRESS OTH-ST-2P TITLE MAKE SIRET ADDRESS OTH-ST-2P TITLE MAKE SIRET ADDRESS OTH-ST-2P TITLE M	City & State			City & State				4. F	FEI Number 59-3707533 Applied For Not Applicable				
AKEL, EDWARD C ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the objective of agent, pool or present agent and the representation or registered agent, or both, in the State of Florida. I am familiar with, and as the floridation of registered agent, or both, in the State of Florida. I am familiar with, and as the floridation of registered agent, or both, in the State of Florida. I am familiar with, and as the floridation of registered agent, or both, in the State of Florida. I am familiar with, and as the floridation of registered agent, or both, in the State of Florida. I am familiar with, and as the floridation of registered agent, or both, in the State of Florida. I am familiar with, and as the floridation of registered agent, or both, in the State of Florida. I am familiar with, and as the floridation of registered agent, or both, in the State of Florida. I am familiar with, and as the floridation of registered agent, or both, in the State of Florida. I am familiar with, and as the floridation of registered agent, or both, in the State of Florida. I am familiar with, and as the floridation of Floridation	Zip Country			Zip Count			itry	5. Certificate of Status Desired Fee Required			ional		
AKEL, EDWARD C ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32002 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 as the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE NAME SITERT ADDRESS CITY-ST-2P TITLE NAME SITERT ADDRESS CITY-ST-2P TIT		6 Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent						
ONE INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202 City City FL Zip Code City		O. IValli	alla Address of Carrent				_Name:						
SUITE 2301 JACKSONVILLE FL 32202 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 as the body process of registered agent and the familiar with and as the body process of registered agent and the familiar with and as the body process of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE NAME AKEL, EDWARD F DR ITILE NAME STREET ADDRESS CITY-ST-2P ITILE NAME STREET ADDRESS CITY-ST-2P TILE STREET ADDRESS CITY-ST-2P TILE STREET ADDRESS CITY-ST-2P TILE STREET ADDRESS CITY-ST			DD#/E					Street Address (P.O. Box Number is Not Acceptable)					
ACKSONVILLE FL 32202 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 as the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00			DHIVE .									}	
SIGNATURE Signature Signa	JACKSONV	ALLE EL S	32202					 					
FILE NOW!! FEE IS \$150.00 An After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PD AKEL, EDWARD F DR STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT	8. The above r	named ent ons of regi	ity submits this statement f stered agent.	or the purpose	e of changing its	s register	red office or regis	tered ag	ent, or both, in the State of Flor	ida. I am fa	miliar with, a	ina accepi	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE _	Signature, type	ed or printed name of registered ager	nt and title if applicat	ble. (NO	TE: Register	ed Agent signature requ	ired when re	sinstating)	DATE			
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST	After	May 1, 20	003 Fee will be \$550.00) [<u> </u>			Trust Fund Contribution	۱. ا	Added	to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S		Payable				11		AC	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3IN 11	
STREET ADDRESS CITY-ST-ZIP MIDDLEBURG FL 32068 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE			<u> B Birleo Forte</u>		NA	ME				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		2794 SE	MINOLE VILLAGE DRIVI	E			l l					Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS ST	TITLE	111111111111111111111111111111111111111			☐ Delete						Change	Addition	
TITLE	STREET ADDRESS					ST	REET ADDRESS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP					TI	TIF				☐ Change	☐ Addition	
CITY-ST-ZIP	NAME		T Spr og . T			· NA	AME -	. * '	·		-		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS												☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS					☐ Delete						Change	[_] Addition	
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	l						l l						
TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADDRESS STREET ADDRESS						C	ITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change STREET ADDRESS CITY-ST-ZIP		 			☐ Delete		i i		,		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Change STREET ADDRESS						1							
CITY-ST-ZIP TITLE IDelete TITLE NAME NAME STREET ADDRESS	l												
NAME NAME STREET ADDRESS		 									Change	☐ Addition	
STREET ADDRESS 1					LI DEIGLE								
Sincel winders	STREET ADDRESS												
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	CITY-ST-ZIP							in Contin	n 119 07(3)(i). Florida Statutes	. I further ce	rtify that the	information	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #