

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91195 027 ***150.00

DOCUMENT # **P01000034515** ✓
1. Entity Name
OPTIC FIARE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
143 FIFTH AVE
Suite, Apt. #, etc.

3. Mailing Address
143 FIFTH AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
INDIAN LANTIC FL
Zip
32903
Country
USA

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Zip
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USA

4. FEI Number
59-3723407
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William T Scott
Street Address (P.O. Box Number is Not Acceptable)
240 FLORIDA BLVD
City
MERRITT ISLAND **FL** Zip Code
32953

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 **W. Roy Scott** **W. Roy Scott** **2-28-02**
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD William T Scott 240 FLORIDA BLVD MERRITT ISLAND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TONY WALKER 8911 N ATLANTIC AVE #59 CAPE CANAVERAL FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLIFTON T SCOTT 516 PLUMOSA ST. #9 MERRITT ISLAND FL 32952
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **W. Roy Scott**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)