

4/26

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

04-26-2002 90027 036 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046678

1. Entity Name

ADAM'S OPTICAL CENTERS, INC.

Principal Place of Business

Mailing Address

7573 GRANVILLE DRIVE
 TAMARAC FL 33321

7573 GRANVILLE DRIVE
 TAMARAC FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1117977

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

GISSEN, BERNARD A
 7573 GRANVILLE DRIVE
 TAMARAC FL 33321

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME PRES
 STREET ADDRESS BERNARD A. GISSSEN
 CITY-ST-ZIP 7573 GRANVILLE DR
 TAMARAC FL 33321

TITLE ☐ Change ☒ Addition
 NAME PRES.
 STREET ADDRESS BERNARD A GISSSEN
 CITY-ST-ZIP 7573 GRANVILLE DR
 TAMARAC FL 33321

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 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:

Bernard A. Gissen Pres. BERNARD A GISSSEN 4/15/02 9547180005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)