

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

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90858 035 \*\*\*150.00

DOCUMENT # P01000054472

1. Entity Name

FlorOptical Network Services

**DO NOT WRITE IN THIS SPACE**

B0057216

2. Principal Place of Business

8424 4th Street North

3. Mailing Address

8424 4th Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

Suite C

City & State

City & State

St Petersburg FL

St Petersburg FL

Zip

Country

Zip

Country

33702

USA

33702

USA

4. FEI Number

59-3719104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jo Claire Spear, Esquire

Street Address (P.O. Box Number is Not Acceptable)

West Bay Corporate Center

9410 International Ct. N.

City

St. Petersburg

FL

Zip Code

33716

**DO NOT WRITE  
IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Jo Claire Spear*

3/18/02

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  
President  
Robert Wolfe  
8424 4th Street North Suite C  
St. Petersburg, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
DONNA Wolfe  
8424 4th Street North Suite C  
St. Petersburg, FL 33702

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-02

Date

Daytime Phone #

727-209-6995

CR2E034B (12/01)