

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90473 011 \*\*\*150.00

**DOCUMENT # P01000071588**

1. Entity Name  
**SUNGLASS DEN, INC.**

Principal Place of Business

**5720 S. BAYBERRY LANE  
 FORT LAUDERDALE FL 33319**

Mailing Address

**5720 S. BAYBERRY LANE  
 FORT LAUDERDALE FL 33319**

2. Principal Place of Business

**4141 S. TAMiami TRAIL**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**SUITE 15**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL.**

Zip

**34231**

Country

**SARASOTA**

Zip

**34231**

Country

**SARASOTA**

4. FE Number

**65-1121147**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAVAGE, TERRI**

**5720 S. BAYBERRY LANE**

**FORT LAUDERDALE FL 33319**

7. Name and Address of New Registered Agent

Name

**SAME**

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

**4141 S. TAMiami TRAIL**

**SUITE 15**

City

**SARASOTA**

**FL**

Zip Code

**34231**

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 NAME **PD SAVAGE, JAMES** ☐ Delete  
 STREET ADDRESS **5720 S. BAYBERRY LANE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33319**

TITLE NAME **STD SAVAGE, TERRI** ☐ Delete  
 STREET ADDRESS **5720 S. BAYBERRY LANE**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33319**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
 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: **JAMES W. SAVAGE**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02** **941 9259920**  
 Date Daytime Phone #

CR2E034 (9/01)