

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90473 036 ***150.00

DOCUMENT # P02000111168

1. Entity Name

Optimal Optics, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
653 West 8th Street

3. Mailing Address
653 West 8th Street

Suite, Apt. #, etc.
Bldg 2

Suite, Apt. #, etc.
Bldg 2

City & State
Jacksonville, Florida

City & State
Jacksonville, Florida

Zip
32209

Country
USA

Zip
32209

Country
USA

4. FEI Number
04-3716782

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name **Brian M. Rowland, Esq. c/o Milam & Howard, P.A.**

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

50 North Laura Street, Suite 2900

City **Jacksonville**

FL

Zip Code
32202

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P/D - Ms. Jan M. Nabors
2734 Racheal Ave,
Fernandina Beach, FL 32034-2317

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jan M. Nabors

Jan M. Nabors, President

2-11-03

904-244-3888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

Daytime Phone #

CR2E034B (12/02)