

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17796

1. Entity Name

USV OPTICAL, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90137 004 \*\*\*150.00

Principal Place of Business

Mailing Address

GLEN OAKS INDUSTRIAL PARK  
PO BOX 187  
GLEN DORA NJ 08029  
US

GLEN OAKS INDUSTRIAL PARK  
PO BOX 187  
GLEN DORA NJ 08029-0187  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-1336810

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	SCHWARTZ, WILLIAM A JR	
STREET ADDRESS	10 HARMON DRIVE	
CITY-ST-ZIP	GLEN DORA NJ 08029	
TITLE	TCS	<input type="checkbox"/> Delete
NAME	MCHENRY, JR., GEORGE E	
STREET ADDRESS	10 HARMON DRIVE	
CITY-ST-ZIP	GLEN DORA NJ 08029	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SCHWARTZ, WILLIAM JR	
STREET ADDRESS	10 HARMON DRIVE	
CITY-ST-ZIP	GLEN DORA NJ 08029	
TITLE	SVCF	<input type="checkbox"/> Delete
NAME	COLLEN, KATHY G	
STREET ADDRESS	10 HARMON DR	
CITY-ST-ZIP	GLEN DORA NJ 08029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)