

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90024 001 *****8.75
 01-13-2001 90024 002 ***150.00

21735



DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000006035

1. Entity Name
 CLASSIC EYES OPTICAL, INC.

Principal Place of Business
 511 SW FIRST AVENUE
 Ocala FL 34474
 US

Mailing Address
 511 SW 1ST AVENUE
 Ocala FL 34474
 US

2. Principal Place of Business
 2118 S.W. 20th PLACE

3. Mailing Address
 2118 S.W. 20th PLACE

4. City & State
 Ocala, FLORIDA

5. City & State
 Ocala, FLORIDA

6. Zip
 34474

7. Country
 MARION

4. FEI Number 65-0384710

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 SHANNON, B.D.
 511 SW FIRST AVENUE
 Ocala FL 34474

7. Name and Address of New Registered Agent

Name SHANNON B. D.

Street Address (P.O. Box Number is Not Acceptable)
 2118 S.W. 20th PLACE Suite 202

City Ocala **FL** **Zip Code** 34474

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 B. D. SHANNON CORP. PRESIDENT B. D. Shannon 01/06/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP SHANNON, B. D. 511 SW FIRST AVENUE Ocala FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST POEHLMAN, SANDRA E. 511 SW FIRST AVENUE Ocala FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP SHANNON B. D. 2118 S.W. 20 th PLACE Suite 202 Ocala, FL. 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST POEHLMAN, SANDRA E. 2118 S.W. 20 th PLACE Suite 202 Ocala, FL. 34474	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: B. D. SHANNON CORP. PRESIDENT B. D. Shannon 01/06/01 352-622-1819

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

MULTIPLE

Processing - Checks



* A R - C H K - 7 8 2 *

21736

21738

ANN REP/UNIFORM BUS REP

1V
20

Prep. Name: Shricka

Scanner Name: _____

Prep. Date: 1/12

Box Number: _____

MULTIPLE

COTTAGE GROVE, INC.
D/B/A J. EMORY JOHNSON
Interior Design Consultant
601 Lothian Drive
Tallahassee, FL 32312
Ph. 850-385-4990

21736 8692

63-609/632

DATE 1/8/2001

PAY
TO THE
ORDER OF

Department of State

\$ 300⁰⁰

DOLLARS  Security features
Included.
Details on back.

Three hundred and ⁰⁰/₁₀₀

SUNTRUST
SunTrust Bank, Northwest Florida

FOR

⑈008692⑈ ⑆063206090⑆0778000839522⑈