2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 20, 2001 8:00 am Secretary of State DOCUMENT # P94000028832 £ntity Name BEACH DRIVE OPTICAL, INC. 02-20-2001 90055 037 ***150.00 Mailing Address Principal Place of Business 238 BEACH DR NE 238 BEACH DR NE ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For ~City & State - -4. FEI Nümber -City: & State 59-3245564 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FERGUSON, H. GREGORY Street Address (P.O. Box Number is Not Acceptable) 238 BEACH DRIVE NE ST PETERSBURG FL 33701 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME FERGUSON, H. GREGORY NAME STREET ADDRESS 238 BEACH DR NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Change ☐ Addition Delete TITLE D TITLE NAME NAME BELL, THOMAS G STREET ADDRESS STREET ADDRESS 238.BEACH.DR NE --CITY-ST-ZIF CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Change ☐ Addition ☐ Delete TITLE TITI E NAME NAME **BELL. LINDSAY S** STREET ADDRESS 238 BEACH DR NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition . 🔲 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR