

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90373 026 ***550.00

DOCUMENT # P94000051149

1. Entity Name

NORTH PORT OPTICAL, INC.

Principal Place of Business

**13645 TAMiami TRAIL
 NORTH PORT FL 34287**

Mailing Address

**13645 TAMiami TR
 NORTH PORT FL 34287**

2. Principal Place of Business

13325 TAMiami TR.

3. Mailing Address

PO BOX 7608

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT-E

City & State

NORTH PORT, FLA.

City & State

NORTH PORT, FLA.

Zip

34287

Country

USA

Zip

34287

Country

USA

6. Name and Address of Current Registered Agent

**REICHERT, RALPH F
 13645 TAMiami TRAIL
 NORTH PORT FL 34287**

7. Name and Address of New Registered Agent

**RALPH F REICHERT
 13325 TAMiami TR
 UNIT-E
 NORTH PORT FL 34287**

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 re-registering)

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 \$550.00

**After September 13, 2002 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **REICHERT, RALPH F**
 STREET ADDRESS **13645 TAMiami TRAIL**
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **D** ☒ Change ☐ Addition
 NAME **REICHERT, RALPH F**
 STREET ADDRESS **13325 UNIT-E TAMiami TRAIL**
 CITY-ST-ZIP **NORTH PORT, FLA. 34287**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-02 941-423-8190
 Date Daytime Phone #

CR2E034 (4/02)