

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070791

1. Entity Name

SUNGLASS DISCOUNTERS, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90059 011 ***150.00

Principal Place of Business

Mailing Address

STORAGE/1115 PONCE DE LEON
C-C UNIT 11
FL 33756

433 CLEVELAND ST., #130
CLEARWATER FL 33755-4004
US

2. Principal Place of Business

3. Mailing Address

Belleair Storage/1115 Ponce de Leon
Suite, Apt. #, etc.

P.O. Box 10830
Suite, Apt. #, etc.

BLDG BC UNIT 3

City & State
Belleair, FL

City & State
CLEARWATER FL

Zip
33756

Country

Zip
33757-8830

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3270334

Applied For
Not Applicable

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

ARNOTT, GARY
433 CLEVELAND ST., #130
CLEARWATER FL 33755

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
NAME ARNOTT, GARY
STREET ADDRESS 433 CLEVELAND ST 130
CITY-ST-ZIP CLEARWATER FL

TITLE P
NAME GARY ARNOTT
STREET ADDRESS 455 MEHLEN BACHER RD, Apt 7
CITY-ST-ZIP Belleair Bluffs, FL 33770

TITLE VP
NAME GENI SMOUSE
STREET ADDRESS 1134 N. PINE, STREET, #3
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-15-00

Date

727-442-0237

Daytime Phone #

CR2E034 (9/99)