

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070791

1. Entity Name

SUNGLASS DISCOUNTERS, INC.

Principal Place of Business

BELLAIRE STORAGE/1115 PONCE DE LEON
BLDG BG UNIT 3
BELLAIRE FL 33756
US

Mailing Address

PO BOX 10830
CLEARWATER FL 33757-8830
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name GARY ARNOTT (ADDRESS CHANGE ONLY)
Street Address (P.O. Box Number is Not Acceptable)
455 MEHLENBACHER RD, APT 7
City BELLAIR BLUFFS FL Zip Code 33770

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P	ARNOTT, GARY	455 MEHLEN BACHER RD APT 7	BELLAIR BLUFFS FL 33770	<input type="checkbox"/>					
VP	GENI SMOUSE	1134 N. PINE, STREET, #3	CLEARWATER, FL	<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					

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

3-13-01

Date

727-442-0237

Daytime Phone #

CR2E034 (10/00)

0525624

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90057 025 ***150.00

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DO NOT WRITE IN THIS SPACE