

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90140 018 ***150.00

DOCUMENT # P94000070791



1. Entity Name
SUNGLASS DISCOUNTERS, INC.

Principal Place of Business
BELLAIRE STORAGE/1115 PONCE DE LEON
BLDG BC UNIT 3
BELLAIRE FL 33756
US

Mailing Address
PO BOX 10830
CLEARWATER FL 33757-8830
US



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
BELLE AIR STORAGE/1115 Ponce de Leon
Suite, Apt. #, etc.
BC 3

3. Mailing Address
Suite, Apt. #, etc.

City & State
BELLEAIR FL

City & State

4. FEI Number
59-3270334

Applied For
Not Applicable

Zip
33756

Country
US

Zip

Country

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

455 MEHLENBACHER RD

APT 7

BELLEAIR BLUFFS FL 33770

Name

ARNOTT, GARY

Street Address (P.O. Box Number is Not Acceptable)

108 S. AURORA

City

CLEARWATER

FL

Zip Code

33765-3518

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ARNOTT, GARY
108 S AURORA
CLEARWATER FL 33765-3518

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
GENI SMOUSE
1134 N. PINE, STREET, #3
CLEARWATER FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
GENI SMOUSE
1566 SMALLWOOD CIRCLE
CLEARWATER, FL 33755

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 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

Date

Daytime Phone #

Jan 20, 2003 - 727-442-0237

CR2E034 (10/02)