

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90234 018 ***150.00

DOCUMENT # P96000051210

1. Entity Name
SUNGLASS SOURCING INCORPORATED

Principal Place of Business Mailing Address
320-B STAN DRIVE MELBOURNE FL 32904 **320-B STAN DRIVE MELBOURNE FL 32904**

2. Principal Place of Business 3. Mailing Address
709 Silver Palm Ave **709 Silver Palm Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
E **E**

City & State City & State
Melbourne, FL **Melbourne, FL**
 Zip Zip Country Country
32901 **32901** **USA** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-337776** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RICHARDS, CHARLES A.
320-B STAN DRIVE
MELBOURNE FL 32804

7. Name and Address of New Registered Agent
 Name **Charles A. Richards**
 Street Address (P.O. Box Number is Not Acceptable) **709-E Silver Palm Ave.**
 City **Melbourne** **FL** Zip **32901**

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 **Charles A. Richards** DATE **1/8/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RICHARDS, CHARLES A 2 ROSSETTER CIRCLE INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KIRKLAND, RUSSELL B ROUTE 4, BOX 322 BONIFAY FL 32425-9668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Charles A. Richards** Date **1-8-01** Daytime Phone # **321 728-7190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)