

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005000

1. Entity Name

OLYMPUS VISION CORP.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90299 022 ***150.00

Principal Place of Business

Mailing Address

777 HARBOUR ISLAND BLVD
SUITE 990
TAMPA FL 33602

777 HARBOUR ISLAND BLVD
SUITE 990
TAMPA FL 33602-5747

2. Principal Place of Business

3. Mailing Address

2114 W Brandon Blvd
Suite, Apt. #, etc.

2114 W Brandon Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Brandon, FL

Brandon, FL

Zip

Country

33511

Hillsborough

Zip

Country

33511

Hillsborough

4. FEI Number

59-3418208

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

BIGHAM, JEFFREY D
777 HARBOUR ISLAND BLVD
SUITE 990
TAMPA FL 33602

Name Bigham, Jeffrey D
Street Address (P.O. Box Number is Not Acceptable)

2114 W Brandon Blvd
City Brandon

FL

Zip Code 33511

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	D	<input type="checkbox"/> Delete
NAME	BIGHAM, JEFFREY D	
STREET ADDRESS	777 HARBOUR ISLAND BLVD	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Date

Daytime Phone #

4/28/00

813-233-4677

CR2E034 (9/99)