

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007079

1. Entity Name

AVADA EYEWEAR INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90212 018 ***150.00

Principal Place of Business 1532 OAKRIDGE DRIVE WEST JACKSONVILLE FL 32225	Mailing Address 1532 OAKRIDGE DRIVE WEST JACKSONVILLE FL 32225-2848
2. Principal Place of Business 1532 Oak Ridge Dr. W. Suite, Apt. #, etc.	3. Mailing Address 1532 Oak Ridge Dr. W. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Jacksonville, FL	City & State Jacksonville, FL	4. FEI Number 59-3475795	Applied For <input type="checkbox"/> Not Applicable
Zip 32225	Country Duval	Zip 32225	Country Duval

6. Name and Address of Current Registered Agent LEWIS, BUTSCH JR. 1532 OAKRIDGE DRIVE JACKSONVILLE FL 32225	7. Name and Address of New Registered Agent Name: Lewis, Mary Lou Street Address (P.O. Box Number is Not Acceptable): 1532 Oak Ridge Dr. W. City: Jacksonville FL Zip Code: 32225
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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: Mary Lou Lewis Vice President 2-28-00
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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, BUTSCH JR. 1532 OAKRIDGE DRIVE JACKSONVILLE FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ Lewis, Mary Lou 1532 Oak Ridge Dr. W Jacksonville, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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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

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: Mary Lou Lewis 2-28-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #