2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am Secretary of State P97000048583 DOCUMENT # 1. Entity Name 02-06-2002 90041 046 ***150.00 SUNGLASS WORLD INC. Principal Place of Business Mailing Address 2840 W BAY DR 2840 W. BAY DR STE 255 #255 BELAIR BLUFFS FL 33770 BELLEAIR BLUFFS FL 33770 2. Principal Place of Business 3. Mailing Address 1497 MAIN ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 182 City & State City & State 4. FEI Number Applied For 59-3453981 DUNEDIN Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, MARLIN Street Address (P.O. Box Number is Not Acceptable) 2708 N. DUNDES ST. **TAMPA FL 33629** City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) Change TITLE ☐ Delete TITLE ☐ Addition BIRKENSHAW, RICHARD NAME BIRKENSHAW, RICHARD MAME 1497 MAIN ST STREET ADDRESS 2840 W BAY DR #255 STREET ADDRESS DUNEDIN, FL 34698 CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770** CITY-ST-ZIP Delete TITLE Change ☐ Addition ۷P KATHEEN BABCOCK BABCOCK, KATHLEEN NAME 1497 MAIN ST # 182 STREET ADDRESS STREET ADDRESS 2840 W BAY DR #255 CITY-ST-ZIP CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770** DUNEDIN-FL -34698 TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

FILED

SIGNATURE:

13. Thereby certify that the information supplied with this filling 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 attac

empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if