

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90198 033 ***150.00

DOCUMENT # P97000061059

1. Entity Name
TITUSVILLE OPTICAL, INC.

Principal Place of Business
1917 KNOX MCRAY DR.
TITUSVILLE FL 32780

Mailing Address
1917 KNOX MCRAY DR.
TITUSVILLE FL 32780

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-34465876**

Applied For
☐ **Not Applicable**

Zip

Country

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

RYAN, RON M.D.
1917 KNOX MCRAE DRIVE
TITUSVILLE FL 32780

Name **David Bressette**
Street Address (P.O. Box Number is Not Acceptable)

845 Berkshire Dr.
Rockledge FL 32955

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 *David A. Bressette*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/22/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ **Delete**
NAME **RYAN, RONALD C**
STREET ADDRESS **1917 KNOX MCRAY DR.**
CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☒ **Change** ☐ **Addition**
NAME **David Bressette**
STREET ADDRESS **845 Berkshire Dr.**
CITY-ST-ZIP **Rockledge, FL. 32955**

TITLE ☐ **Delete**
NAME **BRESETE, DAVID A** *spelling wrong*
STREET ADDRESS **845 BERKSHIRE DR.**
CITY-ST-ZIP **ROCKLEDGE FL 32955**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **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: *David A. Bressette*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

A Hachment Doc# P9 7000061059

819967

This report
supplied only
for your record
update. Please
note our F.E.I.#
is incorrect in your
records Please destroy

ATTACHMENT DOC # P97000061059

Employer's Quarterly Report

5050 W. Tennessee St., Tallahassee, FL 32399-0180

All information must be typed or printed clearly in black ink

Employers are requested to file quarterly tax/wage reports regardless of employment activity or whether any taxes are due.

UCT-6
R. 09/01



6247000004013154680021104763

819967

Quarter Ending 12/31/01	Due Date 01/01/02	Penalty After Date 01/31/02	Tax Rate .0010	UC Account Number 2110476-3
Employer's Name TITUSVILLE OPTICAL, INC.			SIC Code 8042	F.E.I. Number 59-3465876
Mailing Address 1917 KNOX MCRAE DR.			For Official Use Only - Postmark Date [] [] [] [] [] []	
City/State/ZIP TITUSVILLE, FL 32780				

1. Enter the total number of full-time and part-time covered workers who performed services during or received pay for the period including the 12th of the month.

1 st Month	2
2 nd Month	1
3 rd Month	1

2. Gross Wages Paid this Quarter 5,930.00
3. Wages Paid This Quarter in Excess of \$7,000 per Employee This Year 5,720.00
4. Taxable Wages for This Quarter (Item 2 minus Item 3) 210.00
5. Tax Due (Multiply Item 4 by Tax Rate) 0.21
6. Penalty Due (See Instructions)
7. Interest Due (See Instructions)
8. Total Amount Due 0.21

Make check payable to Florida U.C. Fund (If less than \$1.00 no remittance is necessary.)

9. EMPLOYEE'S SOCIAL SECURITY NUMBER	10. EMPLOYEE'S NAME Last Name	First Name	Middle Initial	11. EMPLOYEE'S GROSS WAGES PAID THIS QUARTER
265-61-1476	BRESSETTE	DAVID		5,720.00
193-36-8143	BRICELAND	BRENDA		210.00
12. Total Gross Wages This Page				5,930.00

I certify the information contained on this report is true and correct and no part of the unemployment tax was, or is to be deducted from the Employee's wages.

Signature: _____

COMPLETE and MAIL with your REPORT/PAYMENT.
Please write ACCOUNT NUMBER on your check.
Be sure to SIGN YOUR CHECK.

UCT-6
R. 09/01

Title: _____

Make check payable to: Florida U.C. Fund

Phone Number: _____

Date: _____

Preparer's Name: CHARLES R. HUNT, CPA

Preparer's Phone: (321) 269-9320

2110476	593465876	2	1
1	593000	572000	21000
21	0	0	21
265611476	BRESSETTE	DAVID	572000
193368143	BRICELAND	BRENDA	21000
0	0	0	0
0	0	0	0
0	0	0	0

Mail Reply To:
Unemployment Tax
Florida Department of Revenue
5050 W. Tennessee St.
Tallahassee, Florida 32399-0180
STF FL32497F

6247 00000401 315468 0021104763