

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90181 038 ***150.00

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DOCUMENT # P97000078634

1. Entity Name
CAMPUS OPTICAL, INC.



Principal Place of Business

**J.W.R.U.
STE G-24 U OF FLA.
GAINESVILLE FL 32611**

Mailing Address

**J.W.R.U.
STE G-24 U OF FLA.
GAINESVILLE FL 32611**

2. Principal Place of Business

**96 FLAGLER PLAZA DRW
Suite, Apt. #, etc.**

3. Mailing Address

**96 FLAGLER PLAZA DRW
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State

PALM COAST, FL.

City & State

PALM COAST, FL.

4. FEI Number

59-3476234

Applied For

Not Applicable

Zip

32137

Country

USA

Zip

32137

Country

USA

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

**STEVENS, RICHARD C
600 N CENTRAL AVE
FLAGLER BEACH FL 32136**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **STEVENS, RICHARD C**
CITY-ST-ZIP **600 N CENTRAL AVE
FLAGLER BEACH FL 32136**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

386 439 6746

Date

Daytime Phone #

CR2E034 (10/02)