

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90005 040 ***150.00

DOCUMENT # P98000037209

1. Entity Name

MAXI OPTICAL INC.

Principal Place of Business

**3621 US HWY 19 N
 NEW PORT RICHEY FL 34652**

Mailing Address

**3621 US HWY 19 N
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5532 LEGEND HILLS LN

BROOKSVILLE FL

34609

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3507038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ARKON, ARON M
 6553 40TH ST N
 #906
 PINELLAS PARK FL 33781**

7. Name and Address of New Registered Agent

Name **ARKON ARON M**
 Street Address (P.O. Box Number is Not Acceptable)
5532 LEGEND HILLS LN
 City **BROOKSVILLE FL** Zip Code **34609**

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, 2002 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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ARKON, ARON M**
 CITY-ST-ZIP **9208 LINGROVE ROAD-
 BROOKSVILLE FL 34613**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5532 LEGEND HILLS LN**
 CITY-ST-ZIP **BROOKSVILLE FL 34609**

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

TITLE ☐ Change ☐ Addition
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 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

1/16/02
 Date

813-760-2261
 Daytime Phone #

CP2E034 (9/01)