

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071746

1. Entity Name

SUNGLASS STOP INTERNATIONAL, INC.

FILED

May 30, 2000 8:00 am
Secretary of State

05-30-2000 90094 001 ***550.00

Principal Place of Business

Mailing Address

1775 SPLIT FORK DRIVE
OLDSMAR FL 34677

1775 SPLIT FORK DRIVE
OLDSMAR FL 34677-2769

00-100100

2. Principal Place of Business

3. Mailing Address

1857 Eagle Trace Blvd ← same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Harbor FL

4. FEI Number 91-1706348

Applied For
Not Applicable

Zip

Country

Zip

Country

34685

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

BOLSTER, JOHN
1775 SPLIT FORK DRIVE
OLDSMAR FL 34677

Name

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

1857 Eagle Trace Blvd

City

Palm Harbor

FL

Zip Code

34685

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BEZEAU, CLINT
STREET ADDRESS 1775 SPLIT FORK DRIVE
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

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

TITLE VTSM
NAME BOLSTER, JOHN
STREET ADDRESS 1775 SPLIT FORK DRIVE
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE VTSM
NAME John Bolster
STREET ADDRESS 1857 Eagle Trace Blvd
CITY-ST-ZIP Palm Harbor FL 34685 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)