

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

0536569

DOCUMENT # E98000071746

1. Entity Name

SUNGLASS STOP INTERNATIONAL, INC.

04-12-2001 90087 001 *****8.75

04-12-2001 90087 002 ***150.00

Principal Place of Business

**1857 EAGLE TRACE BLVD
PALM HARBOR FL 34685**

Mailing Address

**1857 EAGLE TRACE BLVD
PALM HARBOR FL 34685**

35818

2. Principal Place of Business

3. Mailing Address

1011 SHERMAN M^S VEIGH

1011 SHERMAN M^S VEIGH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33756

Country

USA

Zip

33756

Country

USA

4. FEI Number **91-1706348**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOLSTER, JOHN
1857 EAGLE TRACE BLVD
PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent

Name **CLINT BEZEAU**

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

1011 SHERMAN M^S VEIGH

City **CLEARWATER**

FL

Zip Code

33756

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]

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	BEZEAU, CLINT	
STREET ADDRESS	1775 SPLIT FORK DRIVE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VTSM	<input checked="" type="checkbox"/> Delete
NAME	BOLSTER, JOHN	
STREET ADDRESS	1775 SPLIT FORK DRIVE	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	*P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEZEAU, CLINT	
STREET ADDRESS	1011 SHERMAN M^S VEIGH	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 Apr. 01

Date

727-446-3186

Daytime Phone #

CR2E034 (10/00)