2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

of the corporation or the receiver of changed, or on an attachment with

SIGNATURE:

Sep 11, 2003 8:00 am Secretary of State P98000071746 DOCUMENT # 09-11-2003 90091 021 ***550.00 1. Entity Name SUNGLASS STOP INTERNATIONAL, INC. Principal Place of Business Mailing Address 1011 SHERMAN MCVEIGH 1011 SHERMAN MCVEIGH CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4, FEI Number 91-1706348 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEZEAU, CLINT Street Address (P.O. Box Number is Not Acceptable) 1011 SHERMAN MCVEIGH **CLEARWATER FL 33756** Zip Code 8. The above named entity submits this exatement 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 ages (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Addition BEZEAV, CLIN+ BEZEAU, CLINT NAME NAME 1011 SHERMAN MCVEIGH 411 CLEVELANDST STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33756** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trusted empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if