

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90004 007 \*\*\*550.00

**DOCUMENT # P99000003434**

1. Entity Name

SHADESCOM, INC. ✓

Principal Place of Business

C/O SUNGLASS HUT CORPORATION  
 255 ALHAMBRA CIRCLE PENTHOUSE FLOOR  
 MIAMI FL 33134

Mailing Address

C/O SUNGLASS HUT CORPORATION  
 255 ALHAMBRA CIRCLE PENTHOUSE FLOOR  
 MIAMI FL 33134

2. Principal Place of Business

255 Alhambra Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tax Dept.

City & State  
 Coral Gables, FL

City & State

Zip  
 33134

Country  
 USA

Zip

Country

4. FEI Number

65-0891436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND RD.  
 PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PRESIDENT  
 JOHN X WATSON  
 255 ALHAMBRA CIRCLE  
 Coral Gables, FL 33134 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DIRECTOR  
 ROBERT J. ANTHONY  
 255 Alhambra Circle  
 Coral Gables, FL 33134 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VP & SECRETARY  
 JILL WITTER  
 255 ALHAMBRA Circle  
 Coral Gables, FL 33134 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TREASURER  
 GEORGE L. PITA  
 255 ALHAMBRA Circle  
 Coral Gables, FL 33134 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 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

7/13/00

Date

(305) 961-0100

Daytime Phone #

CR2E034 15/001