

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91740 023 ***150.00

DOCUMENT # **p99000043101 ✓**

1. Entity Name
SUNGLASS PLANET, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
647 WEATHERSFIELD DR.
Suite, Apt. #, etc.

3. Mailing Address
2655 ULMERTON RD
Suite, Apt. #, etc.
BOX 110

City & State
DUNEDIN, FL

City & State
CLEARWATER, FL

Zip
34698

Country
USA

Zip
33762

Country
USA

4. FEI Number
59-3575588

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GUALTIERO MARIANI
Street Address (P.O. Box Number is Not Acceptable)
647 WEATHERSFIELD DR.

City
DUNEDIN **FL** Zip Code
34698

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PST
GUALTIERO MARIANI
647 WEATHERSFIELD DR.
DUNEDIN, FL 34698

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **GUALTIERO MARIANI** **4/MAY/2002** **(727) 403-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)