

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2001 08:00 AM**
Secretary of State**DOCUMENT # S10126**1. Entity Name
RIO EYEWEAR GROUP, INC.

Principal Place of Business 299 RIO DR ORLANDO 32810	FL	Mailing Address 299 RIO DR ORLANDO 32810	FL
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2. Principal Place of Business 5698 MAGNOLIA BLOOM TERRACE	3. Mailing Address 5698 MAGNOLIA BLOOM TERRACE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State OVIEDO FL	City & State OVIEDO FL
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Zip 32765	Country US	Zip 32765	Country US
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4. FEI Number 59-3035090	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**BLOODWORTH DARRYL**
C/O MEAD DEAN
800 N MAGNOLIA STE 1500
ORLANDO
32803 FL**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 _____ **04/17/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	V	<input type="checkbox"/> Delete
NAME	RAY AMANDA	
STREET ADDRESS	299 RIO DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVIDSON, TRACY P JR	
STREET ADDRESS	299 RIO DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DAVIDSON, TRACY P JR	
STREET ADDRESS	299 RIO DR	
CITY-ST-ZIP	ORLANDO FL 32810	
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS OLGA M	
STREET ADDRESS	5698 MAGNOLIA BLOOM TERRACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, TROY P JR	
STREET ADDRESS	5698 MAGNOLIA BLOOM TERRACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, TROY P JR	
STREET ADDRESS	5698 MAGNOLIA BLOOM TERRACE	
CITY-ST-ZIP	OVIEDO FL 32765	
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: OLGA M ADAMS

V

04/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)