

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90876 043 ***150.00

DOCUMENT # S33972

1. Entity Name

FLORIDA OPTICAL ENGINEERING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2216 NORTHWEST 56TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

2216 NORTHWEST 56TH AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE, FLORIDA

City & State

GAINESVILLE, FLORIDA

4. FEI Number

59-3148617

Applied For

Not Applicable

Zip

32653

Country

U.S.A.

Zip

32653

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RICHARD A. GRIFFIN

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

12216 NORTHWEST 56th AVENUE

City

GAINESVILLE

FL

Zip Code

32653

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
PRESIDENT / DIRECTOR
RICHARD A. GRIFFIN
12216 NORTHWEST 56th AVENUE
GAINESVILLE, FLORIDA 32653

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY
DONALD G. POWELL
1863 STATE ROAD 20
HAWTHORNE, FLORIDA 32640

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: *Donald G. Powell*

DONALD G. POWELL

04-29-2002 352-371-4108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #