

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90352 040 ***150.00

DOCUMENT #	S33972
1. Entity Name FLORIDA OPTICAL ENGINEERING, INC.	

DO NOT WRITE IN THIS SPACE

11036810

2. Principal Place of Business 13709 PROGRESS BOULEVARD Suite, Apt. #, etc.		3. Mailing Address 13709 PROGRESS BOULEVARD Suite, Apt. #, etc.	
BOX 14 City & State ALACHUA, FLORIDA		BOX 14 City & State ALACHUA, FLORIDA	
Zip 32615	Country U.S.A.	Zip 32615	Country U.S.A.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3148617	Applied For <input type="checkbox"/> Not Applicable
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. I am familiar with, and accept the obligations of registered agent.		5. Certificate of Status Desired <input type="checkbox"/> \$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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. 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	
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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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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

RICHARD A. GRIFFIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-29-2003 352-332-2458