

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90041 004 ***150.00

DOCUMENT # K95326

1. Entity Name

EYEWEAR EXPRESS, INC.

Principal Place of Business

Mailing Address

C/O CHARLES E. CLEVINGER
 8333 NORTH DAVIS HWY.
 PENSACOLA FL 32514-6049

C/O CHARLES E. CLEVINGER
 8333 NORTH DAVIS HWY.
 PENSACOLA FL 32514-6050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2963367

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEVINGER, CHARLES E.
C/O MEDICAL CENTER CLINIC
8333 NORTH DAVIS HWY.
PENSACOLA FL 32514-6049

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CLEVINGER, CHARLES E.	
STREET ADDRESS	8333 N. DAVIS HWY.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REDMOND, MICHAEL	
STREET ADDRESS	8333 N. DAVIS HWY.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ULLMAN, SAUL	
STREET ADDRESS	8333 N. DAVIS HWY.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAYTON, JOHN R., JR.	
STREET ADDRESS	8333 N. DAVIS HWY.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDRED, W. VAN	
STREET ADDRESS	8333 N. DAVID HWY.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
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
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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:

Charles E. Clevinger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-3-00

CR2E034 (9/99)