2001 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P00000102278 Feb 09, 2001 8:00 am Secretary of State 1. Entity Name EYECARE 4 U. INC. (NAME CHANGED) 02-09-2001 90219 019 ***150.00 DR. ANUP K PANJWANI AND ASSOCIATES Principal Place of Business Mailing Address 4325-AMBERBROOK-CT. 4325 AMBERBROOK CT. JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 0001223X SEARS OPTICAL ORANGE PARK MALL Principal Place of Business 3. Mailing Address 3. Mailing Address SEARS OPTICALS ORANGE PARK MALL Suite, Apt. #, etc. /978 ite, Apt. #, etc. DO NOT WRITE IN THIS SPACE WELLS ROAD City & State City & State 4. FEI Number Applied For ORANGE PARK Not Applicable Country Country \$8.75 Additional 32073 U.S. A. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANJWANI, ANUP K 4325 AMBERBROOK CT. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32224 Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) П Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change PANJWANI, ANUP K NAME PANJWANI, ANUP K NAME 4325 AMBERBROOK CT. STREET ADDRESS 4325 AMBERBROOK CT. STREET ADDRESS JACKSONVILLE FL 32224 JACKSONVILLE, FL 32224 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition ARORA MONICA NAME NAME ARORA MONICA 4325 AMBERBROOK.CT. STREET ADDRESS 4325 AMBERBROOK. C.T. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP JACKSON VILLE FL 32224 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME-

13. I hereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-7IP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ANUP. K. PANJWANI OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-992-0502