FILED
Jun 27, 2003 8:00 am
Secretary of State
04-30-2003 90151 045 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000045564

1. Entity Name
PALM BEACH EYES, INC.

[redacted]

[redacted]

Principal Place of Business	Mailing Address
10111 FOREST HILL BOULEVARD, SUITE 100 WEST PALM BEACH FL 33414	311 WORTH AVE PALM BEACH FL 33480

(43196279S)

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
CHRIS LOLOS	SAME.
Suite, Apt. #, etc. 311 WORTH AV	Suite, Apt. #, etc.
City & State PALM BEACH FL	City & State
Zip 33480 Country	Zip Country

4. FEI Number 431962795 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAYE, HENRY L 325 11TH STREET WEST PALM BEACH FL 33401	Name CHRIS LOLOS Street Address (P.O. Box Number is Not Acceptable) 311 WORTH AV PALM BEACH FL 33480 City FL Zip Code 33480

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.

SIGNATURE [signature] 5-27-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PRESIDENT) CHRIS LOLOS 311 WORTH AV PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/26/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #