

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90172 014 ***150.00

DOCUMENT # P02000119238

1. Entity Name
MEDICAL EYE ASSOCIATES, P.A.



Principal Place of Business
**250 PARK AVE S. 5TH FLOOR
WINTER PARK FL 32789**

Mailing Address
**250 PARK AVE S. 5TH FLOOR
WINTER PARK FL 32789**

2. Principal Place of Business
921 North Main Street
Suite, Apt. #, etc.

3. Mailing Address
921 North Main Street
Suite, Apt. #, etc.

City & State
Kissimmee FL

City & State
Kissimmee FL

4. FEI Number
11-3661412

Applied For
Not Applicable

Zip
34744

Country
USA

Zip
34744

Country
USA

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

6. Name and Address of Current Registered Agent

**CARTWRIGHT, MONT JAY
250 PARK AVE S, 5TH FLOOR
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
921 NORTH MAIN STREET
City **Kissimmee** **FL** Zip Code **34744**

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

(NOTE: Registered Agent signature required when reinstating)

02/24/2003
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

TITLE PRESIDENT	☐ Delete
NAME MONT JAY CARTWRIGHT	
STREET ADDRESS 921 NORTH MAIN STREET	*
CITY-ST-ZIP KISSIMMEE FL 34744	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☒ Addition
NAME	
STREET ADDRESS	*
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/2003
Date

407 933 7800
Daytime Phone #

CR2E034 (10/02)