

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90242 025 ***150.00

DOCUMENT # P93000061923
 1. Entity Name
 URBAN EYE CARE INC. OF LAKELAND



Principal Place of Business: 6068 APOPKA VINELAND RD SUITE 10 ORLANDO, FL 32819
 Mailing Address: 6068 APOPKA VINELAND RD SUITE 10 ORLANDO, FL 32819



2. Principal Place of Business: 8809 COMMODITY CIRCLE
 3. Mailing Address: 8809 COMMODITY CIRCLE

04272004 Chg-P CR2E034 (10/03)

City & State: ORLANDO, FL
 Zip: 32819
 Country: ORANGE

4. FEI Number: 59-3201089
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 URBAN, PETER
 6068 APOPKA VINELAND RD SUITE 10 ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 Name: URBAN, PETER
 Street Address: 8809 COMMODITY CIRCLE
 City: ORLANDO FL Zip Code: 32819

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	URBAN, PETER	
STREET ADDRESS	6068 APOPKA VINELAND RD STE 10	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	URBAN, BRENDA	
STREET ADDRESS	6068 APOPKA VINELAND RD STE 10	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBAN, PETER	
STREET ADDRESS	8809 COMMODITY CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: Peter Urban
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone #: _____