

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 10, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000074753**

1. Entity Name  
**WIZARD OF EYES, INC.**

Principal Place of Business 22629 SOUTH SHORE DRIVE  LAND O'LAKES FL 34639	Mailing Address 22629 SOUTH SHORE DRIVE  LAND O'LAKES FL 34639
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2. Principal Place of Business 22629 SOUTH SHORE DRIVE  Suite, Apt. #, etc.	3. Mailing Address 22629 SOUTH SHORE DRIVE  Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State LAND O FL	City & State LAND O FL	4. FEI Number <b>59-3402300</b>	Applied For <input type="checkbox"/>
Zip 34639	Country	Zip 34639	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

WATKINS CARL TCPA  
 7345 JACKSON SPRINGS ROAD  
 #3  
 TAMPA FL 33634 US

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE **02/10/2001**  
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, 2001 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	
TITILE NAME STREET ADDRESS CITY-ST-ZIP	T SELDIN SUZANNAH R 22629 SOUTH SHORE DRIVE LAND O FL 34639 <input type="checkbox"/> Delete
TITILE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCHARLAND DONNA 22629 SOUTH SHORE DRIVE LAND O FL 34639 <input type="checkbox"/> Delete
TITILE NAME STREET ADDRESS CITY-ST-ZIP	P SELDIN JAMES E 22629 SOUTH SHORE DRIVE LAND O FL 34639 <input type="checkbox"/> Delete
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLAND DONNA 22629 SOUTH SHORE DRIVE LAND O FL 34639 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITILE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** JAMES E SELDIN **PRES** 02/10/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)