

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000074753

FILED
Apr 10, 2002 8:00 AM
Secretary of State

Entity Name: WIZARD OF EYES, INC.

Current Principal Place of Business:

22629 SOUTH SHORE DRIVE
LAND O, FL 34639

New Principal Place of Business:

22629 SOUTH SHORE DRIVE
LAND O LAKES, FL 34639

Current Mailing Address:

22629 SOUTH SHORE DRIVE
LAND O, FL 34639

New Mailing Address:

22629 SOUTH SHORE DRIVE
LAND O LAKES, FL 34639

FEI Number: 59-3402300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, CARL T CPA
7345 JACKSON SPRINGS ROAD
#3
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

WATKINS, CARL T CPA
5103 MEMORIAL HWY
TAMPA, FL 33634 US

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: CARL WATKINS

04/10/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SELDIN, JAMES E
Address: 22629 SOUTH SHORE DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

Title: VP () Delete
Name: CHARLAND, DONNA
Address: 22629 SOUTH SHORE DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

Title: T () Delete
Name: SELDIN, SUZANNAH R
Address: 22629 SOUTH SHORE DRIVE
City-St-Zip: LAND O'LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SELDIN, SUZANNAH R
Address: 12710 TALL PINE DR
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E SELDIN

P

04/10/2002

Electronic Signature of Signing Officer or Director

Date