2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2001 8:00 am

1. Entity Name SOCIETY OF CONTACT LENS SPECIALISTS, INC.					Secretary of State 02-09-2001 90113 017 ****61.25			
Principal Place of Business 2200 N.W. 57TH STREET		Mailing Address 2200 N.W. 57TH STREET						
BOCA RATON		80GA RATON FL 33496		Ì				
Principal P	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN T	HIS SPACE		
City & State		City & State		4. FEI Numbi	65-0923399	⊢	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current	Registered Agent	Name		Address of New Register	ned Agent		
FILINGS, INC.				ress (P.O. Box Number	er is Not Acceptable)	* .		
3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132								
			City			FL Zip Code	•	
FILE NOW: 9. Election Campaign F FEE IS \$61.25 Trust Fund Contribut				\$5.00 May Be Added to Fees	DD May Be Make Check Payable to Department of State			
o	OFFICERS AND DIR	ECTORS	111.	- ADDITIONS/CH	ANGES TO OFFICERS AND	DIRECTORS IN	10	
ITLE AME TREET ADDRESS ITY-ST-ZIP	D CANNON, WAYNE DR. 7499 PARKLANE RD. STE. 16	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
ITLE AME TREET ADDRESS	D SOLOMAN, JACK DR. 1291 S. POONERWINE RD.	☐ Delete	TITLE NAME STREET ADDRESS		 ·	☐ Change	Addition	
ITY-ST-ZIP	POMPANO BEACH FL 33069	Delete	CITY-ST-ZIP			☐ Change	Addition	
AME IREET ADORESS ITY-ST-ZIP	SMYDER, RONALD P DR. 2200 N.W. 577H STREET BOCA RATON FL 33496		NAME STREET ADDRESS CITY-ST-ZIP			•		
AME TREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	<u></u>		Change	Addition	
TY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE NAME	· .	· · · · · ·	☐ Change	☐ Addition	
AME			STREET ADDRESS					
IAME STREET ADORESS STRY-ST-ZIP STLE IAME	, • • •	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		_	☐ Change	Addition	
indicated	ertify that the information supplied with on this report or supplemental report is coration or the receiver or trustee epop or on an attachment with an address, v	this filling does not qualify for true and accurate and that m	TITLE NAME STREET ADDRESS CITY-ST-2IP the exemption stated of signature shall have	a the same legal effec	t as if made under eath: the	r certily, that the in at I am an officer ars in Block 10 or	formation or director	



FLORIDA DEPARTMENT OF STATE Katherine Harris

(養持行)的第三人类

Secretary of State

January 20, 2001

SOCIETY OF CONTACT LENS SPECIALISTS, INC. 2200 N.W. 57TH STREET BOCA RATON, FL 33496

Subject: SOCIETY-OF-CONTACT-LENS SPECIALISTS, INC.

Reference

N99000002739

Number:

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations-at-(850) 488-9000.

/FV ANNUAL REPORTS SECTION