

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600842

1. Entity Name
CLOWER & DEMMING, DAYTONA OPHTHALMIC SERVICES, P

Principal Place of Business
1620 MASON AVE., STE. A
DAYTONA BEACH FL 32117
US

Mailing Address
1620 MASON AVE., STE. A
DAYTONA BEACH FL 32117
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1234760

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUBKA, HAROLD C
501 NORTH GRANDVIEW AVENUE
DAYTONA BEACH FL 32118

Name
DIGAETANO, MARGARET

Street Address (P.O. Box Number is Not Acceptable)

1620 MASON AVE STE A

City DAYTONA BEACH FL Zip Code 32117

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DIGAETANO, MARGARET
STREET ADDRESS 1620 MASON AVE, STE A
CITY-ST-ZIP DAYTONA BEACH FL

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

(386) 274-5855

Daytime Phone #

CR2E034 (10/00)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90109 036 ***150.00



DO NOT WRITE IN THIS SPACE