

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 696721

1. Entity Name

DOCTOR'S OPTICAL, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90011 045 ***150.00

Principal Place of Business

Mailing Address

% C.R. LAIT
2305 OLEANDER AVE., STE. 1
FT. PIERCE FL 34982

% C.R. LAIT
2305 OLEANDER AVE., STE. 1
FT. PIERCE FL 34982-5864

2. Principal Place of Business

2305 5TH AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

Zip

Country

Zip

Country

32960-5169

4. FEI Number

59-2129547

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

LAIT, CAROL R.
2305 OLEANDER AVE.
STE. 1
FORT PIERCE FL 34982

NAME
BETTE CHAMBERLAIN
Street Address (P.O. Box Number is Not Acceptable)
2305 5TH AVE

City
VERO BEACH

FL

Zip Code
32960-5169

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

4-5-2000

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, 2000 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	PS	<input checked="" type="checkbox"/> Delete
NAME	LAIT, CAROL	
STREET ADDRESS	2305 OLEANDER AVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHAMBERLAIN, BETTE	
STREET ADDRESS	2056 80TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32966	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONALD CHAMBERLAIN	
STREET ADDRESS	2056 80TH AVE	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTE CHAMBERLAIN	
STREET ADDRESS	2056 80TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32966	
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		

i3. 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

Date

Daytime Phone #

Bette Chamberlain

4-5-2000

CR2E034 (9/99)