

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 706835

FILED
Apr 28, 2003
Secretary of State

Entity Name: CENTRAL FLORIDA LIONS SIGHT CLINIC, INC.

Current Principal Place of Business:

5412 N OCEAN RD
ORLANDO, FL 32817

New Principal Place of Business:

5412 N DEAN RD
ORLANDO, FL 32817 US

Current Mailing Address:

PO BOX 677036
UNION PARK, FL 328677036

New Mailing Address:

PO BOX 677036
UNION PARK, FL 328677036 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOPEZ, DAVID A
5412 N OCEAN RD
ORLANDO, FL 32817

Name and Address of New Registered Agent:

LOPEZ, DAVID A
5412 N DEAN RD
ORLANDO, FL 32817 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: DAVID A LOPEZ

04/28/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LOPEZ, DAVID A
Address: 5412 N OCEAN RD
City-St-Zip: ORLANDO, FL 32817

Title: VPD () Delete
Name: WHITE, NATHAN G
Address: 7742 LADY FRANCES WAY
City-St-Zip: ORLANDO, FL 32817

Title: SD () Delete
Name: WATTS, ALAN
Address: 241 BURGOING
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: LOPEZ, DAVID A
Address: 5412 N DEAN RD
City-St-Zip: ORLANDO, FL 32817 US

Title: VPD (X) Change () Addition
Name: WHITE, NATHAN G
Address: 7742 LADY FRANCES WAY
City-St-Zip: ORLANDO, FL 32817 US

Title: SD (X) Change () Addition
Name: WATTS, ALAN
Address: 241 BURGOING
City-St-Zip: DAVENPORT, FL 33837 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A LOPEZ

PTD

04/28/2003

Electronic Signature of Signing Officer or Director

Date