# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Feb 12, 2003 8:00 am**
**Secretary of State**
02-12-2003 90082 025 ***150.00

DOCUMENT # F52613

1. Entity Name
EYE CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2003 CORTEZ RD W<br>BRADENTON FL 34207 | 2003 CORTEZ RD W<br>BRADENTON FL 34207 |

☐ CHECK HERE IF MAKING CHANGES

| 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 65-0456365 ☐ 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 |
|---|---|
| BLALOCK, ROBERT G., ESQUIRE<br>802 11TH AVE. WEST<br>BRADENTON FL 34205 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MARCIN, JOHN M<br>P.O. BOX 1207 N/A<br>PALMETTO FL 34220 | ☐ Delete | P<br>Marcin, John M.<br>4338 14th St. Cr. W.<br>Palmetto, FL 34221 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MURPHY, J. BRIAN<br>108 TIDY ISLAND BLVD<br>BRADENTON FL 34210 | ☐ Delete | V<br>Murphy, J. Brian<br>4654 Lajolla Dr.<br>Bradenton, FL 34210 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BAIZE, MARY JO<br>10023 LAUREL VAL AVE CIR E<br>BRADENTON FL 34202 | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MACKIE, MICHAEL A<br>706 49TH ST CT W<br>BRADENTON FL 34205 | ☐ Delete | T<br>Mackie, Michael A<br>706 49th St Ct W<br>Bradenton, FL 34205 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Saputo, Sarah L.<br>4610 50th Ave. W.<br>Bradenton, FL 34210 | ☐ Delete | S<br>Saputo, Sarah L.<br>4610 50th Ave. W.<br>Bradenton, FL 34210 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 2/10/03 941-756-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #