2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State
01-28-2008 90043 030 ***150.00

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1. Entity Name
UNIVERSAL CONTACT LENSES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
3840-3 WILLIAMSBURG PARK BLVD C/O JUANITA PADGETT JACKSONVILLE FL 32257-6224	3840-3 WILLIAMSBURG PARK BLVD C/O JUANITA PADGETT JACKSONVILLE FL 32257-6224

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3840-3 Williams Burg PK Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jacksonville, FL	
City & State: 32257	City & State
Zip / Country: Duval	Zip / Country

4. FEI Number 59-2174119 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PADGETT, JUANITA
3840-3 WILLIAMSBURG PARK BLVD
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name: Juanita Padgett
Street Address (P.O. Box Number is Not Acceptable): 3840-3 Williams Burg PK B/VD
City: Jacksonville FL Zip Code: 32257

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: Juanita Padgett (No Changes) 01/23/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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: DP ☐ Delete NAME: BEELER, JAMES F STREET ADDRESS: 3840-3 WILLIAMSBURG PARK BLVD. CITY-ST-ZIP: JACKSONVILLE FL 32257		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: D ☐ Delete NAME: PADGETT, JUANITA STREET ADDRESS: 3840-3 WILLIAMSBURG PARK BLVD. CITY-ST-ZIP: JACKSONVILLE FL 32257		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Juanita Padgett 2/29/08 904-731-3410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #