

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91756 029 ***150.00

DOCUMENT # F93000003578

1. Entity Name

COLE VISION SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ATTN: TAX DEPARTMENT

Suite, Apt. #, etc.

1925 ENTERPRISE PARKWAY

City & State

TWINSBURG, OHIO

Zip

44087

Country

SUMMIT

3. Mailing Address

ATTN: TAX DEPARTMENT

Suite, Apt. #, etc.

1925 ENTERPRISE PARKWAY

City & State

TWINSBURG, OHIO

Zip

44087

Country

SUMMIT

DO NOT WRITE IN THIS SPACE

4. FEI Number

34-1733137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	DP
NAME	COLE, JEFFREY A.
STREET ADDRESS	5200 THREE VILLAGE DRIVE
CITY-ST-ZIP	LYNDHURST, OHIO 44124
TITLE	VP
NAME	DUNN, LESLIE D.
STREET ADDRESS	2849 GLENGARY ROAD
CITY-ST-ZIP	SHAKER HEIGHTS, OHIO 44120
TITLE	T
NAME	GAGLIOTI, JOSEPH
STREET ADDRESS	3071 NORTH PARK BLVD
CITY-ST-ZIP	CLEVELAND HEIGHTS, OHIO 44118
TITLE	S
NAME	SHERRIFF, DAVID J.
STREET ADDRESS	2261 HALCYON ROAD
CITY-ST-ZIP	BEACHWOOD, OHIO 44122
TITLE	AT
NAME	TRACY L. BURMEISTER
STREET ADDRESS	7231 VALLEY VIEW ROAD
CITY-ST-ZIP	HUDSON, OHIO 44236

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST TREAS

4/29/2002

330-486-3000

Date

Daytime Phone #