

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001399

1. Entity Name
EYE CARE ASSOCIATES INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90102 014 ***150.00

Principal Place of Business
**5900 CENTRAL AVE
STE 1
ST. PETERSBURG FL 33707**

Mailing Address
**5900 CENTRAL AVE
STE 1
ST. PETERSBURG FL 33707**

2. Principal Place of Business
233 140TH AVE. E

3. Mailing Address
**6822 22ND AVE N
#352**

City & State
MADEIRA BEACH, FL

City & State
ST. PETERSBURG, FL

Zip
33708

Country
USA

Zip
33710-3918

Country
USA

4. FEI Number **59-3356961**

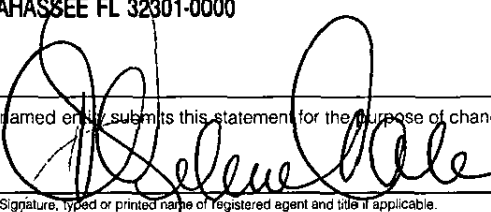
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000**

7. Name and Address of New Registered Agent
Name
C. DELENE COLE
Street Address (P.O. Box Number is Not Acceptable)
**6822 22ND AVE N.
#352**
City
ST. PETERSBURG FL Zip Code
33710-3918

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 

2/8/2001

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, 2001 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

TITLE	CP	<input type="checkbox"/> Delete
NAME	COLE, C. DELENE	
STREET ADDRESS	233 140TH AVE. E.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33708	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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		

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 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

2/8/2001 7276449641
Date Daytime Phone #

CR2E034 (10/00)