

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-14-2001 90486 042 ***150.00

DOCUMENT # F99000004054

1. Entity Name

SURGILIGHT, INC.

Principal Place of Business

**12001 SCIENCE DRIVE
 STE 140
 ORLANDO FL 32826**

Mailing Address

**12001 SCIENCE DRIVE
 STE 140
 ORLANDO FL 32826**

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 **35-1990562**

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

**LIN, J. T.
 12001 SCIENCE DRIVE, Suite 140
 ORLANDO FL 32826**

Name

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

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.

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) ☐

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	CEO, J	<input type="checkbox"/> Delete
NAME	LIN, J. T	
STREET ADDRESS	12001 SCIENCE DRIVE STE 140	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	D	<input type="checkbox"/> Delete
NAME	YUAN, J.S.	
STREET ADDRESS	12001 SCIENCE DRIVE STE 140	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	D	<input type="checkbox"/> Delete
NAME	REFFNER, RICHARD	
STREET ADDRESS	12001 SCIENCE DRIVE STE 140	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	D, CEO, VP	<input type="checkbox"/> Delete
NAME	SHEA, TIMOTHY	
STREET ADDRESS	12001 SCIENCE DRIVE STE 140	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLEMENTS, ROBERT	
STREET ADDRESS	12001 SCIENCE DRIVE STE 140	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	- D	<input type="checkbox"/> Delete
NAME	Chow, Lee, Ph.D.	
STREET ADDRESS	8603 Butternut Blvd.	
CITY-ST-ZIP	Orlando, FL 32817	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Ajayi, Ph.D.	
STREET ADDRESS	Dept. of Finance, College of B.A.	
CITY-ST-ZIP	Orlando, FL 32816-1400	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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

J. T. Lin

3/12/2001 407-482-4555

Date

Daytime Phone #

CR2E034 (10/00)