

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90089 005 ***150.00

DOCUMENT # H10888

1. Entity Name
ACCENT EYE CARE CENTER, P.A.



Principal Place of Business
**404 EAST ASH STREET
PERRY FL 32347**

Mailing Address
**404 EAST ASH STREET
PERRY FL 32347**



2. Principal Place of Business
404 E Ash St.
Suite, Apt. #, etc.

3. Mailing Address
404 E Ash St.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Perry FL
Zip
32347
Country
Taylor

City & State
Perry FL
Zip
32347
Country
Taylor

4. FEI Number
59-2450424

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WALBY, MICHAEL A.
404 EAST ASH STREET
PERRY FL 32347**

7. Name and Address of New Registered Agent

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	SPT	<input type="checkbox"/> Delete
NAME	WALBY, MICHAEL A.	
STREET ADDRESS	404 E. ASH ST.	
CITY-ST-ZIP	PERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALBY, MICHAEL A.	
STREET ADDRESS	404 E. ASH ST.	
CITY-ST-ZIP	PERRY FL	
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		

11. 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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Walby 1-6-03
Date Daytime Phone #

CR2E034 (10/02)