

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90169 037 ***150.00

0438502

DOCUMENT # H22681

1. Entity Name

DREYER & DELROWE EYE CARE, P.A.

Principal Place of Business

**1715 S.E. TIFFANG AVE
 PORT ST. LUCIE FL 34952
 US**

Mailing Address

**105 SEMINOLE ST., SUITE A
 STUART FL 34994**

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

59-2450097

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

**DREYER, WILLIAM B.
 1715 TIFFANY AVE
 PORT ST LUCIE FL 34952**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT DREYER, WILLIAM B., JR 1715 TIFFANY AVE PT ST LUCIE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS DEL ROWE, DANIEL 1715 TIFFANY AVE PT ST LUCIE FL | <input type="checkbox"/> Delete |
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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

William B. Dreyer 4/9/01 561-283-8711

Date

Daytime Phone #

CR2E034 (10/00)

C0045814



DO NOT WRITE IN THIS SPACE