

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90160 017 ***150.00

554184

DO NOT WRITE IN THIS SPACE

DOCUMENT # ~~1133~~ H38181

1. Entity Name

Polk Opticians, Inc

Principal Place of Business

Robert Tooma
 5528 US 98 NORTH
 LAKELAND, FL 33809

Mailing Address

Robert Tooma
 5528 US 98 NORTH
 LAKELAND, FL 33809

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

59-2485306

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Tooma, Robert J.
 7716 NATURE TRAIL
 LAKELAND, FL 33809

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.

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!!

After MAY 1, 2001

Make Check Payable to

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President
 Tooma, Robert J.
 7716 NATURE TRAIL
 LAKELAND, FL 33809

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Sec
 Tooma, Cay
 7716 NATURE TRAIL
 LAKELAND, FL 33809

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

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 is 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

Date

Daytime Phone #

6/1/01 863-853-2020

CR2E034 (11/00)

Attachment#
H38181

554184

POLK OPTICIANS, INC.
% ROBERT J. TOOMA
5528 US 98 NORTH
LAKELAND, FL 33809

Request taken by: sprather
05-25-2001

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

[REDACTED]

Attachment
H38181

4-24-01

Polk Opticians

5528 U.S. 98 North • Lakeland, Florida 33809
Phone: (863) 853-2020 • Fax: (863) 853-2035

554184

ATTN:

Please accept the enclosed copy of
Florida Uniform Business Report-
Original was lost in mail on
route from accountant.

Thanks,
B. L. Toomey