

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90008 021 ***150.00

DOCUMENT # H51381

1. Entity Name
OCULAR RESEARCH ASSOCIATES, INC.



Principal Place of Business
**C/O LEWIS WEISS
2202 LUCAYA BEND #E4
COCONUT CREEK, FL 33066**

Mailing Address
**ATTN: JEFFREY N. WEISS
5800 COLONIAL DRIVE STE # 300
MARGATE, FL 33063**

50003723



01072005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
5800 Colonial Drive

3. Mailing Address

Suite, Apt. #, etc.
#300

Suite, Apt. #, etc.

City & State
Margate, FL

City & State

4. FEI Number
59-2515133

Applied For
Not Applicable

Zip
33063

Country

Zip

Country

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

**JEFFREY N. WEISS
2202 LUCAYA BEND #E4
SUITE E-4
COCONUT CREEK, FL 33066**

Name
Jeffrey N. Weiss

Street Address (P.O. Box Number is Not Acceptable)
5800 Colonial Drive, #300

City
Margate

FL

Zip Code
33063

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS, CHANGES, DELETIONS OF OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WEISS, JEFFREY N. *same*
2202 LUCAYA BEND #E4
COCONUT CREEK, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Jeffrey N. Weiss
5800 Colonial Drive
Suite 300
Margate, FL 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~Weiss, Jeffrey N.~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #