2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

H53015 **DOCUMENT #**

1. Entity Name

FAMILY VISION CENTER OF LAKELAND, INC.



FILED Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90146 028 ***150.00

	SION CENTER OF L	·		COO WE					
Principal Place of Business C/O CLAYTON T. BUCK 6743 US 98 N LAKELAND FL 33809		C/O CI 6743 U	Mailing Address C/O CLAYTON-T. BLICK 6743 US 98 N LAKELAND FL 33809						
. Principal Pla	ace of Business	3. Mailin	ng Address		1 188(8)1	Elei elles illi			
Suite, Apt. #	+ etc	Suite,	Apt. #, etc.			CHECK HERE IF	MAKING CH	ANGES	į
		City 8	& State		4. FEI Number	59-2564458			ied For
City & State		Oity e						.75 Additi	Applicable; onal
Zip	Country	Zìp		Country	1	of Status Desired	□ Fe	e Required	
	6Name and Address of	Current Registered	d Agent	Name	7. Name and	Address of New Re	gistered Api	:nt_====	
	AVTON T			ì	o (RO Roy Numbe	r is Not Acceptable)			
BLICK, CL/ 6743 US 9				Street Addres	S (F.O. DOX NUMBE				
) FL 33809							Zip Code	
				City			<u>FL</u>		
the obligati	named entity submits this stations of registered agent.			registered office or regis			DATE		
CIGNATURE	Signature, typed or printed name of regi	agent and title if ann	Eachin (NOT	E: Registered Agent signature req	quired when reinstating)				
JIGINAI ONE	Signature, typed or printed harne of regi	stered agent and title if app	mcable. (700)			-		45.00	l Ì
ç F	ILE NOW!!! FEE IS \$15	0.00 \$550.00	. , , , , , , , , , , , , , , , , , , ,		9. Ele Tri	ection Campaign Final ust Fund Contribution	ъ. Ц	Added	May Be to Fees
F After Make Check 10.	FILE NOW!!! FEE IS \$15 or May 1, 2003 Fee will be k Payable to Florida Depa OFFIC	0.00 \$550.00	DRS	11.	9. Ele Tri	ection Campaign Fina ust Fund Contribution /CHANGES TO OFFI	CERS AND	Added	to Fees
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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:

Date

Daytime Phone #