

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90080 026 ***150.00

0122719 AT

DOCUMENT # H79950

1. Entity Name

THE UNITED VISION CARE BUYING SERVICES OF FLORIDA, INC.



Principal Place of Business

3471 N. MONROE ST.

SUITE A

TALLAHASSEE FL 32303

US

Mailing Address

P.O. BOX 37070

TALLAHASSEE FL 32315

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2650906**

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

DAVIDSON, BRENDA R
3471 N. MONROE ST.
TALLAHASSEE FL 32303

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

Brenda Davidson **BRENDA DAVIDSON**

9-9-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
DAVIDSON, WILLIAM
3471 N. MONROE ST.
TALLAHASSEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

William Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM DAVIDSON **9/9/03** **850-562-8242**
Date Daytime Phone #

CR2E034 (4/03)

Attachment

90155775

H79950

9-9-03

TO: Division of Corporations

RE: Uniform Business Report.

Dear Sirs,

I AM writing in regard to the fact that I have never received the UBR form before this present one which includes a \$400.00 penalty. Therefore I am requesting that you will waive the late fee of \$400.00. I have included the 150.00 fee with this form. Thanking you in advance.

Sincerely,

William Davidson
PRESIDENT

United Vision Care Billing

~~SERVICES~~ SERVICES of FL. Inc