2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J16269

1. Entity Name

SIGNATURE:

C. R. LAIT'S EYE CARE CENTER, INC.



FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90120 027 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired Short Fee Required Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name LAIT, CAROL 2305 OLEANDER AVENUE FORT PIERCE FL 34982 City FL Zip Co. 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and stitle it applicable. (NOTE: Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES OFFICERS AND DIRECTORS 13. ASTRETADORESS 14. ADDITIONS/CHANGES OFFICERS AND DIRECTORS 15. Election Campaign Financing 16. Add OFFICERS AND DIRECTORS 17. ADDITIONS/CHANGES OFFICERS AND DIRECTORS 18. THE ADDITIONS OFFICERS AND DIRECTORS	pplied For ot Applicable ditional
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2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the 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 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 changed, or on an attachment with an address, with all other like empowered.	☐ Addition