

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90161 040 ***150.00

DOCUMENT # J94658

1. Entity Name

COUCH OPTICAL OF CARROLLWOOD, INC.

Principal Place of Business

Mailing Address

11749 N. DALE MABRY HWY.
 TAMPA FL 33618-3503

11749 N. DALE MABRY HWY.
 TAMPA FL 33618-3503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2849409

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOBBS, ROBERT S.
THE LEGAL CENTER, SUITE 100
725 EAST KENNEDY BLVD.
TAMPA FL 33602

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!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PST	<input type="checkbox"/> Delete
NAME	COUCH, DAVID	
STREET ADDRESS	11749 N. DALE MABRY HWY.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUCH, DAVID	
STREET ADDRESS	11749 N. DALE MABRY HWY.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COUCH, HELEN H.	
STREET ADDRESS	5008 N. DALE MABRY HWY.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 as 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:

W. David Couch **W. David Couch**

4/13/00

87-962-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)