

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90002 006 ***550.00

DOCUMENT # K39350

1. Entity Name

OCUCARE SYSTEMS, INC.

Principal Place of Business

100 SOUTH PINE ISLAND ROAD
140
PLANTATION FL 33324
US

Mailing Address

100 SOUTH PINE ISLAND ROAD
140
PLANTATION FL 33324
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0094759

Applied For

Not Applicable

Zip

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

DAVIS, JOHN R.
100 S. PINE ISLAND ROAD
SUITE 110
PLANTATION FL 33324

Name

DAVIS, JOHN R.

Street Address (P.O. Box Number is Not Acceptable)

100 S. PINE ISLAND RD STE 140

City

PLANTATION

FL

Zip Code
33324

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

7/6/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PD ☐ Delete
NAME DAVIS, JOHN R
STREET ADDRESS 100 S. PINE ISLAND RD 3140
CITY-ST-ZIP PLANTATION FL 33324

TITLE T ☒ Delete
NAME SMITH, DANIEL T
STREET ADDRESS 350 MAIN STREET - STE 14
CITY-ST-ZIP MALDEN MA 02148

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S/T ☐ Change ☒ Addition
NAME GREG STEAD
STREET ADDRESS 100 S PINE ISLAND RD STE 140
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/00

Date

Daytime Phone #

854-475-8002