

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90737 004 ***150.00

DOCUMENT # L78255
1. Entity Name
Dr Karen Swoof & Dr Gilbert Houston
DBA Ponte Vedra Eye Associates

DO NOT WRITE IN THIS SPACE

B0061887

2. Principal Place of Business <u>330 A1A North</u>	3. Mailing Address <u>330 A1A North</u>
Suite, Apt. #, etc. <u>Suite 202</u>	Suite, Apt. #, etc. <u>Suite 202</u>

DO NOT WRITE IN THIS SPACE

City & State <u>Ponte Vedra</u>	City & State <u>Ponte Vedra, FL</u>
Zip <u>32082</u>	Country <u>US</u>

4. FEI Number <u>59-3016532</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 <u>President</u>	TITLE <u>VP</u>
NAME <u>Karen Swoof</u>	NAME <u>Gilbert Houston</u>
STREET ADDRESS <u>264 Royal Tern Rd. N.</u>	STREET ADDRESS <u>264 Royal Tern Rd. N.</u>
CITY - ST - ZIP <u>Ponte Vedra, FL 32082</u>	CITY - ST - ZIP <u>Ponte Vedra, FL 32082</u>
TITLE 	TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gil Houston (Gil Houston) 3/14/02 904-285-8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)