2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State
07-22-2002 90163 019 ***150.00

DOCUMENT # L87859

1. Entity Name
UMATILLA OPTICAL & HEARING AID CENTER, INC.

Principal Place of Business	Mailing Address
570 HATFIELD DR UMATILLA FL 32784 US	570 HATFIELD DR UMATILLA FL 32784 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3024353 ☐ 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
~~SEMENTO, LAWRENCE J.~~ Brett Swigert. 3800 LAKE CENTER LOOP (Same office) SUITE B-1 MOUNT DORA FL 32757	Name Brett Swigert Street Address (P.O. Box Number is Not Acceptable) 531 N. Bay St. City Eustis **FL** Zip Code 32726

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 _____ 7-17-02
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 $550.00
After September 13, 2002 Fee 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASTONE, KATHLEEN 570 HATFIELD DR UMATILLA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

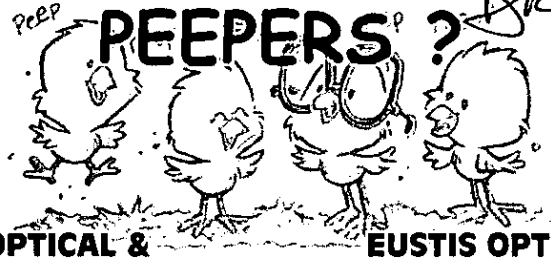
CR2E034 (4/02)

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: Kathleen Bastone SIGNATURE REQUIRED 7.10.02 352-669-6888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

TIME TO CHECK OUT THE



Doc. # 178579

UMATILLA OPTICAL &
Hearing Aid Center
352-669-6888
FAX:352-669-1015

EUSTIS OPTICAL &
Hearing Aid Center
352-589-4228
FAX:352-589-4001

Dear Sirs:

On April 6th of 2002 I sent a check for $150 for my annual Uniform Business report. On July 1st approx. I received a new for stating that you did not receive the 1st report. According to my bank the check has never been cashed. I am assuming it has been lost in the mail. Your office said to send a letter explaining the situation and a check for $150.00 Thank you!

Kathleen Bastone
352-669-6888