

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 23 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002147

1. Entity Name

Sight & Sun Eyeworks, L.L.C.

Principal Place of Business

Mailing Address

207 Gulf Breeze Parkway
Gulf Breeze, FL 32561
32561

Same

2. Principal Place of Business

207 Gulf Breeze Pkwy

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

4. FEL Number

59-3565446

Applied For

Not Applicable

Zip 32561

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Casey, David T.M.D.
207 Gulf Breeze Parkway
Gulf Breeze, FL 32561

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

MGRM

TITLE NAME
Crittenden, John M.D.
STREET ADDRESS
207 Gulf Breeze Pkwy
CITY-ST-ZIP
Gulf Breeze, FL 32561

☒ Delete

TITLE NAME
MGRM
Spear, Carl O.D.
STREET ADDRESS
207 Gulf Breeze Pkwy
CITY-ST-ZIP
Gulf Breeze, FL 32561

☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

100003313471--8
-07/05/00--01093--003
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
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TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2/15/00 850 916 3205

CR 1 013 (11/99)