

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 12, 2001 8:00 am**  
**Secretary of State**

07-12-2001 90117 042 \*\*\*150.00

0000630 AV

**DOCUMENT # P00000001900**

1. Entity Name  
**STOLL EYE ENTERPRISES, INC.**

(LA)

Principal Place of Business  
**281 NORTH MILL VIEW WAY**  
**PONTE VEDRA BEACH FL 32082**

Mailing Address  
**281 NORTH MILL VIEW WAY**  
**PONTE VEDRA BEACH FL 32082**

A0077060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3615396

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

**STOLL, STEVEN L**  
**281 NORTH MILL VIEW WAY**  
**PONTE VEDRA BEACH FL 32082**

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

7-10-01

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 12, 2001 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	<b>D</b> <b>STOLL, STEVEN L</b> <b>281 NORTH MILL VIEW WAY</b> <b>PONTE VEDRA BEACH FL 32082</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 filers empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-10-01 (904) 403-8477

CR2E034 (5/01)

Attachment

10/07/2001 9:00

AD00060

**SEE, Inc.<sup>TM</sup>**  
*Creating a Vision in Medicine*

10 July 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madame:

I just received your notice for filing the corporation documents and realize that this is a second notice. Had I received a notice I would have made certain that my payment had been sent by the appropriate deadline, but I never received anything from your office. My mail to SEE, Inc. both at my business address of 281 N. Mill View Way in Ponte Vedra Beach and at my mail drop box of 4446 Hendricks Ave., #233 Jacksonville has been received from all other parties, but I never received any notification from your offices.

This is only my second year as a corporation and I'm all by myself, next year I will be very cognizant of the need to file and will contact your office if I don't receive notice by February. Enclosed is the payment initially requested and I hope that in light of the situation and the small size of the company you will not assess any late fees.

Sincerely,

Steven L. Stoll

*Stoll Eye Enterprises, Inc.*

4446 Hendricks Avenue, #233 • Jacksonville, FL 32207 • (904) 403-8477 • SEEInc2020@aol.com  
[www.marketlasik.com](http://www.marketlasik.com)