

FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT #

POO 000001900

1. Entity Name

Stoll Eye Enterprises, Inc.



03 JAN 26 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

281 N. Mendenhall Way

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Zip

32082

Country

USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

100011135791
01/28/03--01061--031 **150.00

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Steven L. Stoll

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

281 N. Mendenhall Way

City Ponte Vedra Beach

FL

Zip Code 32082

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-7-03

January 1 - May Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Check payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP
President Steven L. Stoll 281 N. Mendenhall Way 32082

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IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-07-03 904 6146422


CR2E034B (12/02)

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Attachment

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FEI 59-3615396

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name <div style="font-size: 1.2em; margin-top: 10px;">Stoll Eye Enterprises, Inc.</div>			
2. Principal Office Address <div style="font-size: 1.2em; margin-top: 5px;">281 N. W. Murren Way</div>		3. Mailing Office Address <div style="font-size: 1.2em; margin-top: 5px;">281 N. W. Murren Way</div>	
Suite, Apt. #, etc. <div style="font-size: 1.2em; margin-top: 5px;">P</div>		Suite, Apt. #, etc. <div style="font-size: 1.2em; margin-top: 5px;"></div>	
City & State <div style="font-size: 1.2em; margin-top: 5px;">Ponte Vedra Beach, FL</div>		City & State <div style="font-size: 1.2em; margin-top: 5px;"></div>	
Zip <div style="font-size: 1.2em; margin-top: 5px;">32082</div>	Country <div style="font-size: 1.2em; margin-top: 5px;">USA</div>	Zip <div style="font-size: 1.2em; margin-top: 5px;"></div>	Country <div style="font-size: 1.2em; margin-top: 5px;"></div>
4. Date Incorporated or Qualified To Do Business in Florida <div style="font-size: 1.2em; margin-top: 5px;">01-03-2000</div>		5. FEI Number <div style="font-size: 1.2em; margin-top: 5px;">59-3615396</div>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
\$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name <div style="font-size: 1.2em; margin-top: 5px;">Steven L. Stoll</div>			
Street Address (P.O. Box Number is Not Acceptable) <div style="font-size: 1.2em; margin-top: 5px;">281 N. W. Murren Way</div>			
Suite, Apt. #, Etc. <div style="font-size: 1.2em; margin-top: 5px;"></div>			
City <div style="font-size: 1.2em; margin-top: 5px;">Ponte Vedra Beach</div>		State <div style="font-size: 1.2em; margin-top: 5px;">FL</div>	Zip Code <div style="font-size: 1.2em; margin-top: 5px;">32082</div>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent <div style="font-size: 1.2em; margin-top: 5px;">[Signature]</div>		Date <div style="font-size: 1.2em; margin-top: 5px;">1-7-03</div>	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Steven L. Stoll	281 N. W. Murren Way	PVB, FL 32082
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <div style="font-size: 1.2em; margin-top: 5px;">[Signature]</div>		Date <div style="font-size: 1.2em; margin-top: 5px;">1-7-03</div>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <div style="font-size: 1.2em; margin-top: 5px;">(904) 614 6422</div>	

CR2E081 (10/02)

Jr 1/21

Attachment

FEI 59-3615396

7 January 2003

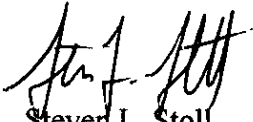
UNIFORM BUSINESS REPORT
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Dear State Corporations Professional:

Enclosed are the forms and my payment for the reinstatement of my corporation, Stoll Eye Enterprises, Inc. I never received your registration forms or any notification that I can remember until your notice of dissolution. 2002 has been an extremely bad year for my corporation, I appologize for missing the due dates on these documents, but I really had no knowledge of them being required.

Thank you for reinstating my company and allowing me to continue my business.

Sincerely,



Steven L. Stoll
281 N. Mill View Way
Ponte Vedra Beach, FL 32082

(904) 614-6422
ConsultSeeInc@aol.com