

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90052 036 ***558.75

0128894 AT

DOCUMENT # P00000014954

1. Entity Name
YOUR EYES ONLY INC.

Principal Place of Business
3215 S. LAKEVIEW CIRCLE
UNIT #101
FT. PIERCE FL 34949

Mailing Address
3215 S. LAKEVIEW CIRCLE
UNIT #101
FT. PIERCE FL 34949



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3238 S.E. FEDERAL HWY
 Suite, Apt. #, etc.
N/A

3. Mailing Address
3238 S.E. FEDERAL HWY
 Suite, Apt. #, etc.
N/A

City & State
STUART, FL
 Zip
34997
 Country
MARTIN

City & State
STUART, FL
 Zip
34997
 Country
MARTIN

4. FEI Number
65-0979430

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SLONE, WENDELL C
3215 S. LAKEVIEW CIRCLE
UNIT #101
FT. PIERCE FL 34949

7. Name and Address of New Registered Agent

Name **SLONE, Wendell C.**
 Street Address (P.O. Box Number is Not Acceptable)
3238 S.E. FEDERAL HWY
 City **STUART** FL Zip Code **34997**

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 **Wendell C. Stone** DATE **9/4/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 or without other like empowered.

SIGNATURE: **Amy L. Stone** DATE **9/4/01** (561)286-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/01)