

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 OCT -1, PM 4:06

DOCUMENT # P00000023622

1. Entity Name

PEARLE VISION WPB, INC.

Principal Place of Business

1872 N MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address

1872 N MILITARY TRAIL
WEST PALM BEACH FL 33409

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

65-0989409

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

DESANTIS, PHILIP

1872 N MILITARY TRAIL
WEST PALM BEACH FL 33409

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

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	D DESANTIS, PHILIP 1872 N MILITARY TRAIL WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SP
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

ATTACHMENT
979122
PO 2012

September 7, 2001

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Pearle Vision WPB, Inc.

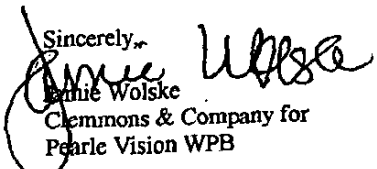
P000000023622

To Whom It May Concern:

Please find enclosed check numbers #1775 for Pearle Vision WPB, for \$150 for the 2001 Uniform Business Report filing fee. Pearle Vision WPB never received the original notice for the filing fee. Since this is a new business, Dr. Desantis was not aware this fee needed to be filed.

Since the first notice was never received, we are asking that you please abate the additional \$400 penalty. Thank you in advance for your time and consideration.

Sincerely,


Annie Wolske
Clemmons & Company for
Pearle Vision WPB