

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000057942

1. Entity Name
FIRST SIGHT VISION CENTER, INC.

Principal Place of Business
3577 GULF BREEZE PKWY.
GULF BREEZE FL 32561

Mailing Address
3577 GULF BREEZE PKWY.
GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRITTENDEN, JOHN J M.D.
3577 GULF BREEZE PKWY.
GULF BREEZE FL 32561

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

John J. Crittenden

10-3-01

Signature, typed or printed name of registered agent and, 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
CRITTENDEN, JOHN J M.D.
3577 GULF BREEZE PKWY.
GULF BREEZE FL 32561 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P ☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition
500004669935--6
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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

John J. Crittenden 10-3-01 850-934-1327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 22 PM 5:57



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

01

4. FEI Number
59-3665083

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

00000001 AV

CR2E034 (5/01)