

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

10-02-2002 90118 012 \*\*\*550.00

**DOCUMENT # P00000061893**

1. Entity Name

NATHALIE L. BATAILLE O.D., P.A.

Principal Place of Business

J.C. PENNY OPTICAL  
801 N. CONGRESS AVE.  
BOYNTON BEACH FL 33426

Mailing Address

P.O. BOX 741854  
BOYNTON BEACH FL 33474

2. Principal Place of Business

3801 Turtle Creek Dr  
Suite, Apt. #, etc.  
Coral Springs Florida  
City & State

3. Mailing Address

22865 Ironwedge Dr  
Suite, Apt. #, etc.  
Boca Raton, FL  
City & State



DO NOT WRITE IN THIS SPACE

Zip

33073

Country

USA

Zip

33433

Country

USA

4. FEI Number

65-1034146

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATAILLE, NATHALIE L O.D.  
J.C. PENNY OPTICAL  
801 N. CONGRESS AVE.  
BOYNTON BEACH FL 33426

7. Name and Address of New Registered Agent

Name: Nathalie Bataille OD  
Street Address (P.O. Box Number is Not Acceptable): 22865 Ironwedge Dr.  
City: Boca Raton FL Zip Code: 33433

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: *Nathalie Bataille OD*

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

(NOTE: Registered Agent signature required when reinstating)

9/10/02  
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 13, 2002 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: P  
NAME: BATOILLE, NATHALIE L OD  
STREET ADDRESS: 801 CONGRESS AVE  
CITY-ST-ZIP: BOYNTON BEACH FL 33426 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition  
NAME: Nathalie Bataille OD  
STREET ADDRESS: *(Signature)*  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
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:

*Nathalie Bataille OD*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02  
Date

954 341-1975  
Daytime Phone #

CR2E034 (4/02)