2001 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P 00000095 3 4 3 1. Entity Name 6. | | | | | PIVISION OF CORPORATIONS | | |
|--|---|--------------------------------|---------------|--|--|--------------------------|----------------|
| ABACOA TOWN CENTER OPTICAL, INC | | | | | OI NOV 15 AM 10: 18 | | |
| Principal Place of Business Malling Address | | | | | - I AM | 10: 18 | |
| | | | | | | | |
| | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | |
| 1209 MAIN STREET 1209 MAIN STREET Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | |
| 5 / 1 / 5 / 7 / City & State City & State | | | 104 | | 4. FEI Number | FEI Number Applied For | |
| JUI | PITER, FL | JUPITER, FL | | | 65-1045740 | N | iot Applicable |
| 333 | Columby V5A | ^{Zip} 33458 | | " "ンS <i>A</i> - | 5. Certificate of Status Desired | \$8.75 Ad Fee Require | iditional: |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent Name | | | |
| MARTHA MCKAY 1209 MAIN STREET Street Add | | | | Street Addre | ss (P.O. Box Number is Not Acceptable) | | |
| Suite 104 | | | | | | | |
| | JUPITER, FL | 23468 | | City | FL | Zip Cod | de |
| 8. The above | · | | egistere | ed office or regi | stered agent, or both, in the State of Florida. | | |
| | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent or | nd title if applicable. (NOTE: | Registere | d Agent signature req | ulred when reinstating) DMTE | | |
| • | pration is eligible to satisfy its intangible equirement and elects to do so. | FILE NOW!I | | | 10. Election Campaign Financing Trust Fund Contribution. | | 00 May Be |
| (See criter | ria on back) OFFICERS AND E | Make Check Payabl | e to De | partment of | | | |
| TITLE | OFFICERS AND L | Delete | mı | | ADDITIONS/CHANGES TO OFFICERS AND | Change | Addition 8 |
| NAME STREET ADDRESS | | | nam Stre | ET ADDRESS / | 1ARTHA MCKAY ZABMAIN ST SUITH 10 | 4 | 144 |
| CITY-ST-ZIP | | | - | -ST-ZIP | 209 MAIN ST. SUITE 10 TUPITER FL 33458 | | |
| TITLE Name | | ☐ Delete | TITLE NAME | | TRECTOR TARK MCKAY | Change | X Addition ₽ |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADORESS / | JUPITER FL 33 | 104 | |
| TITLE | | - Delete | mu | | - DPTIEC FL 33 | ☐ Change | Addition |
| NAME STREET ADDRESS | | | NAMI STRE | ET ADDRESS | | | |
| CITY-ST-ZIP | | | | ST-ZIP | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | 90000470 | | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADJORESS ST-ZEP | -12/04/01 ****150. | ntoo | ויטט ייסט |
| TITLE | | ☐ Delete | TITLE | į. | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | STRE | ET ADORESS | 121 | | } |
| CITY-ST-ZIP | | | - | ST-20P | 15 1 U/30 | | |
| TITLE NAME | | ☐ Delete | NAME | | 7 | Change | ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | | | 1 | ET ADDRESS ST-28P | • | | |
| 13. I hereby certify that the information supplied with this filling 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: Martta M Koy MARTHA M KAY 11/8/01 (561) 626-1199 SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date OFFICER OR DIRECTOR | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Director | | | | | | | |

A'BACOA TOWN CENTER OPTICAL, INC.

November 9, 2001

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314-6327

Dear Sir or Madam:

This is to request a waiver of the \$600 re-instatement fee for our company. I recently received notice that this fee was due to our failing to file a Uniform Business Report. However, the notice of re-instatement that I received was sent to the wrong address as you can confirm from your records and the correct address as shown on this letter. Also, please be advised that our business began operating in August 2001 and, as this is a newly-built commercial center, I do not believe there would have been mail service much before this. As instructed by your Department, I downloaded the UBR from your web site and have attached it with the filing fee of \$150. Please let me know if there is anything further I need to do.

Should you have any questions, please feel free to contact me at (561) 626-1199.

Very truly yours,

Martha McKay, O.D.

Attachments (2)

1209 MAIN STREET, SUITE 104 • JUPITER, FLORIDA • 33458 TELEPHONE: (561) 626-1199