

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000097415

1. Entity Name

ANIMAL EYE CENTER OF DESTIN, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90139 017 ***150.00

Principal Place of Business

30 S SHORE DR
DESTIN FL 32550

Mailing Address

30 S SHORE DR
DESTIN FL 32550

2. Principal Place of Business

127 Hwy. 98 E

Suite, Apt. #, etc.

Suite 11-B

City & State

Destin, FL.

Zip

32541

Country

Okaloosa

3. Mailing Address

127 Hwy 98 E

Suite, Apt. #, etc.

Suite 11-B

City & State

Destin, FL.

Zip

32541

Country

Okaloosa

4. FEI Number

59-3676667

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, JAMES J
30 S SHORE DR
DESTIN FL 32550

7. Name and Address of New Registered Agent

Name James D. Carter, D.V.M.

Street Address (P.O. Box Number is Not Acceptable)

127 Hwy. 98 E Suite 11-B

City Destin

FL

Zip Code

32541

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

President

1-17-01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	D	<input type="checkbox"/> Delete
NAME	CARTER, JAMES D	
STREET ADDRESS	100 SEASCAPE DR #85B	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, MARY PATRICIA	
STREET ADDRESS	100 SEASCAPE DR #85B	
CITY-ST-ZIP	DESTIN FL 32550	
TITLE	John P. Carter	<input type="checkbox"/> Delete
NAME	5151 Highland Rd.	
STREET ADDRESS	Baton Rouge, La. 70808	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Carter 1-17-01 850-837-9929

Date

Daytime Phone #

CR2E034 (10/00)