


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90022 032 ***150.00

DOCUMENT # P02000045962 1. Entity Name NEWCOMER EYECARE II, P.A.																													
Principal Place of Business 3636 N LECANTO HWY BEVERLY HILLS, FL 34465			Mailing Address 3636 N LECANTO HWY BEVERLY HILLS, FL 34465																										
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 NEWCOMER, JAY D 1048 N STONEY PT CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <i>3636 N. Lecanto Hwy.</i> City <i>Beverly Hills</i> FL Zip Code <i>34465</i>																										
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
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12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* *3/2/04* **352-746-0800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

94025219



03022004 Chg-P CR2E034 (10/03)

4. FEI Number **8282-0544005** Corrected Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
 Fee Required

*Address
Change
only* →