

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90260 013 ***150.00

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DOCUMENT # P02000045962

1. Entity Name
NEWCOMER EYECARE II, P.A.



Principal Place of Business
**1048 NORTH STONEY POINT
CRYSTAL RIVER FL 34429**

Mailing Address
**1048 NORTH STONEY POINT
CRYSTAL RIVER FL 34429**

11013038



2. Principal Place of Business

3636 N. Lecanto Hwy
Suite, Apt. #, etc.

3. Mailing Address

3636 N. Lecanto Hwy
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Beverly Hills, FL

Zip
34465

Country
USA

City & State
Beverly Hills, FL

Zip
34465

Country
USA

4. FEI Number
82-0544005

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SINGER, MICHAEL S ESQ.
3801 PGA BLVD.
SUITE 802
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **Jay D. Newcomer**
Street Address (P.O. Box Number is Not Acceptable)
1048 N. Stoney Pt.
City **Crystal River** FL Zip Code **34429**

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 **Jay D. Newcomer** **Jay D. Newcomer** **4/22/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWCOMER, JAY 1048 NORTH STONEY POINT CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Jay D. Newcomer** **4/22/03 (352) 746-0800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)