

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90010 001 ***150.00

DOCUMENT # P04000121934

1. Entity Name

THE SIGHT MAN OF SOUTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15771 CITRUS GROVE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

50020054

DO NOT WRITE IN THIS SPACE

City & State

LOXAHATCHEE FL

City & State

4. FEI Number

20-1613987

Applied For

Not Applicable

Zip

33470

Country

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

Dennis, Gary

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

15771 Citrus Grove Blvd.

City

Loxahatchee

FL

Zip Code

33470

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	F/D	TITLE	
NAME	Dennis, Gary	NAME	
STREET ADDRESS	15771 Citrus Grove Blvd.	STREET ADDRESS	
CITY - ST - ZIP	Loxahatchee, FL 33470	CITY - ST - ZIP	
TITLE	W/D	TITLE	
NAME	Dennis, Sonia R	NAME	
STREET ADDRESS	15771 Citrus Grove Blvd.	STREET ADDRESS	
CITY - ST - ZIP	Loxahatchee, FL 33470	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

President

04/20/2006

561-721-0028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #