

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90290 001 ***450.00

DOCUMENT # P21411**1. Entity Name**
EYE CARE CENTERS OF AMERICA, INC.**Principal Place of Business****11103 W. AVENUE, SUITE 111**
SAN ANTONIO TX 78213**Mailing Address****11103 W. AVENUE, SUITE 111**
SAN ANTONIO TX 78213**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****Zip****Country****Zip****Country****4. FEI Number****74-2337775****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CAPITOL CORPORATE SERVICES, INC.**
1333 NORTH-DUVAL STREET
TALLAHASSEE FL 32303**Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****Zip Code****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) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
ANDREWS, BERNARD
11103 W. AVENUE
SAN ANTONIO TX 78213 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
WILEY, ALAN
11103 W AVENUE
SAN ANTONIO TX 78232 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
V.
SHEPPARD, DOUG
11103 WEST AVENUE
SAN ANTONIO TX 78213 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRIZIUS, CHUCK
11103 WEST AVE
SAN ANTONIO TX 78232 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
DAVID McComas
11103 West Avenue
SAN ANTONIO, TX 78213 ☐ Change ☒ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/02 210-340-3531

CR2E034 (9/01)