

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36485

1. Entity Name

VISION MAINTENANCE PLAN, INC.

FILED 091100

00 SEP 12 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 1886
EUSTIS FL 32727-1886

Mailing Address

P.O. BOX 1886
EUSTIS FL 32727-1886

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1474143

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CLEMENT, G. EDWARD, ESQ.
308 EAST FIFTH AVENUE
MOUNT DORA FL 32757

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 CP ☐ Delete
NAME CANFIELD, FRED P.
STREET ADDRESS 1111 LAKESHORE DR
CITY-ST-ZIP EUSTIS FL

TITLE ☒ Change ☐ Addition
NAME 1647 ENROUTE GR.
STREET ADDRESS APOPKA, FL. 32712
CITY-ST-ZIP

TITLE VST ☐ Delete
NAME CANFIELD, GLORIA B
STREET ADDRESS 1111 LAKESHORE DR
CITY-ST-ZIP EUSTIS FL

TITLE ☒ Change ☐ Addition
NAME 1047 ENROUTE GR.
STREET ADDRESS APOPKA, FL. 32712
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 700003417517-7
STREET ADDRESS -10/06/00--01115--024
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of Fred P. Canfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

352-408-3446

Daytime Phone #

CR2E034 (5/00)

2 of 2

Sept. 5, 2000

To Whom It May Concern:

I called on the phone today to explain why my payment and report was late and they told me to send this letter to you.

We moved and in the process some of our important papers were misplaced, this report, being one of them. We always pay this on time and plead with your understanding in this lateness. My wife was also diagnosed with lymphoma, which is a form of cancer, and the past months have been a nightmare. She is the one that takes care of all of the book work. Thank you in advance,

Fredrick P. Confield