

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

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90063 021 ***150.00

DOCUMENT # **P93000019829**

1. Entity Name

VILLAGE OPTICIAN INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

114 52ND ST

Suite, Apt. #, etc.

3. Mailing Address

PO Box 2015

Suite, Apt. #, etc.

City & State

HOLMES BEACH FL

City & State

HOLMES BEACH FL

4. FEI Number

65-0408045

Applied For

Not Applicable

Zip

34217

Country

USA

Zip

34218

Country

USA

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

7. Name and Address of Current Registered Agent

Name

JONES, SHIRLEY A

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

114 52ND ST

City

HOLMES BEACH

FL

Zip Code

34217

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JONES, SHIRLEY A
114 52ND ST
HOLMES BEACH FL 34217**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

Date

401-356-3903

Daytime Phone #

CR2E034B (12/01)