

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000061923

1. Corporation Name

URBAN EYE CARE INC. OF LAKELAND

Principal Place of Business

3800 U.S. 98 NORTH  
SUITE 518  
LAKELAND FL 33805

Mailing Address

3800 U.S. 98 NORTH  
SUITE 518  
LAKELAND FL 33805

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90092 023 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1993

4. FEI Number

59-3201089

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 6068 APOPKA VINELAND RD

2a. Mailing Address

26 6068 APOPKA VINELAND RD

Suite, Apt. #, etc.

22 SUITE 10

Suite, Apt. #, etc.

27 SUITE 10

City & State

23 ORLANDO, FLORIDA

City & State

28 ORLANDO, FLORIDA

Zip

24 32819

Country

25 ORANGE

Zip

29 32819

Country

30 ORANGE

9. Name and Address of Current Registered Agent

URBAN, PETER  
3800 U.S. 98 NORTH  
SUITE 518  
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name

PETER URBAN

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

83 6068 APOPKA VINELAND RD SUITE 10

84 SUITE 10

City

ORLANDO, FLORIDA

FL

85 Zip Code

32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Peter Urban

PETER URBAN

PRESIDENT

4-29-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME URBAN, BRENDA  
STREET ADDRESS 1530 BROKEN ARROW TRAIL N  
CITY-ST-ZIP LAKELAND FL

TITLE V ☒ DELETE

NAME URBAN, PETER  
STREET ADDRESS 1530 BROKEN ARROW TRAIL N  
CITY-ST-ZIP LAKELAND FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition

1.2 NAME PETER URBAN  
1.3 STREET ADDRESS 6068 APOPKA VINELAND RD. SUITE 10  
1.4 CITY-ST-ZIP ORLANDO FLORIDA 32819

2.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition

2.2 NAME BRENDA URBAN  
2.3 STREET ADDRESS 6068 APOPKA VINELAND RD. SUITE 10  
2.4 CITY-ST-ZIP ORLANDO FLORIDA 32819

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter Urban

PETER URBAN

PRESIDENT

4-29-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1107 248-7500

CR2E034 (1/198)