

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-27-2002 90473 005 ***150.00

DOCUMENT # P94000063517

1. Entity Name

EYEWEAR ARTISTRY - MIDTOWN, INC.

Principal Place of Business

**1219 EAST AVE S SUITE 107
 SARASOTA FL 34239**

Mailing Address

**1219 EAST AVE S SUITE 107
 SARASOTA FL 34239**

2. Principal Place of Business

530 US41 ByPass S

3. Mailing Address

2354 BAL Harbour Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23-A

VENICE, FL

City & State

City & State

VENICE, FL

VENICE FL

Zip

Country

Zip

Country

34292 USA

34293 USA

6. Name and Address of Current Registered Agent

MARTIN, KAREN Y

**1219 EAST AVE S SUITE 107
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

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 *Karen Y Martin*

(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

TITLE **PVTS** ☐ Delete
 NAME **KAREN Y. MARTIN**
 STREET ADDRESS **1219 EAST AVE S. STE 107**
 CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVTS** ☒ Change ☐ Addition
 NAME **KAREN Y MARTIN**
 STREET ADDRESS **2354 BAL HARBOUR DR.**
 CITY-ST-ZIP **VENICE, FL 34293**

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

TITLE ☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen Y Martin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 941-809-9882
 Date Daytime Phone #

CR2E034 (9/01)