

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000036741

1. Entity Name

BLUE RIDGE VISION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90075 022 ***150.00

Principal Place of Business

Mailing Address

13910 NORTH DALE MABRY HWY
SUITE ONE
TAMPA FL 33618

13910 NORTH DALE MABRY HWY
SUITE ONE
TAMPA FL 33618-2440

2. Principal Place of Business

3355 BEARSS AVE

3. Mailing Address

3355 BEARSS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3314171

Applied For

Not Applicable

Zip

33618

Country

Zip

33618

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

SANDERS, WALTER

13910 NORTH DALE MABRY HWY
SUITE ONE
TAMPA FL 33618

Name

Walter Sanders

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

3355 BEARSS AVE

City

Tampa, Florida

FL

Zip Code

33618

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

Walter Sanders

Walter Sanders

2/9/2000

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, 2000 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 ☐ Delete

NAME KRYM, ROBERT

STREET ADDRESS 13910 N. DALE MABRY #1

CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME KRYM, PATRICIA

STREET ADDRESS 13910 N. DALE MABRY #1

CITY-ST-ZIP TAMPA FL

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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:

S. Robert M. Krym

2/29/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)