

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90151 031 ***150.00

0017451 AV

DOCUMENT # P95000036751

1. Entity Name

EYEWEAR CENTER OF FLAGLER COUNTY, INC.



Principal Place of Business

315 PALMCOAST PKWY
PALM COAST FL 32137
US

Mailing Address

315 PALMCOAST PKWY
PALM COAST FL 32137
US

2. Principal Place of Business

50 CYPRUS POINT PARKWAY

3. Mailing Address

50 CYPRUS POINT PARKWAY

Suite, Apt. #, etc.

C3, C4

Suite, Apt. #, etc.

C3-C4

City & State

PALM COAST FL

City & State

PALM COAST FL

Zip

32104

Country

USA

Zip

32104

Country

USA

4. FEI Number

59-3319072

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HENDERSON, CRAIG A
435 LAMBERT AVE
FLAGLER BEACH FL 32136

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/4/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HENDERSON, CRAIG A.
STREET ADDRESS 435 LAMBERT AVE
CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE V ☐ Delete
NAME HENDERSON, JUDY
STREET ADDRESS 435 LAMBERT AVE
CITY-ST-ZIP FLAGLER BEACH FL 32136

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Craig A Henderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/03 386-446-2020

CR2E034 (10/02)