

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90104 017 ***150.00

872384



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000008663

1. Entity Name
EYE CARE CENTERS, INC.

Principal Place of Business
7211 N DALE MABRY SUITE 108
TAMPA FL 33622

Mailing Address
P.O. BOX 20006
TAMPA FL 33622-0006

2. Principal Place of Business
3111 MLK Blvd
 Suite, Apt. #, etc.
STE 100

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Tampa
 Zip
33607

Country

City & State

Zip

Country

4. FEI Number **59-3359521**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JERRY, JERRY MD
7211 N DALE MABRY SUITE 108
TAMPA FL 33622

7. Name and Address of New Registered Agent

Name **JERRY KATZMAN M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
3111 MLK Blvd.
STE 100
 City **TAMPA** **FL** Zip Code **33607**

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 _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	KATZMAN, JERRY M.D.	
STREET ADDRESS	P.O. BOX 20006	
CITY-ST-ZIP	TAMPA FL 33622-0006	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/02 **815-930-2020**
 Date Daytime Phone #

CR2E034 (4/02)

Attachment 872384
Eye Care #
Centers, Inc.™

- Comprehensive eye care
- Surgical correction of nearsightedness
- Glaucoma ▪ No stitch cataract surgery
- Laser cosmetic procedures

Jerry Katzman, M.D. Ophthalmologist

7211 N. Dale Mabry Hwy., Suite 108 ▪ Tampa, Florida 33614 ▪ (813) 931-EYES (3937) ▪ Fax (813) 930-2703

September 12, 2002

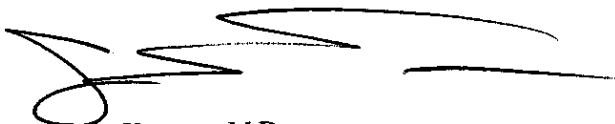
Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

RE: Eye Care Centers, Inc
Document # P96000008663
To whom it may concern:

On May 1, 2002 I called your office to verify receipt of the above listed corporations Uniform Business Report and check for \$150.00 which had been sent in April and not cashed. A receptionist advised me that it was impossible to track at that time due to the enormous number of applications being processed and received. I explained that I did not want to pay any additional penalties since I not only sent the payment in timely in April but was checking on its delivery prior to its final due date of May 1, 2002. I offered to pay the fee again electronically on May 1, 2002 however could not, due to the fact that I did not have access to a code which was sent with the original report forms. She further indicated that no-one was able to provide these numbers to me over the phone. Recognising my frustration she suggested to recheck in a few month with your offices and the bank and to write this letter with a request to waive any penalty fees which could be assessed.. To date the check has still not been cashed and is presumed lost. I have placed a stop payment on the original check and enclosed a new check for the original amount of \$150.00. In the future I will file electronically since it is much easier and the results are instant.

Thanking you in advance for your assistance.

Sincerely,



Jerry Katzman M.D.