

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032082

1. Entity Name

SPECTERA VISION SERVICES OF FLORIDA, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90106 027 ***150.00

Principal Place of Business

2811 LORD BALTIMORE DR.
BALTIMORE MD 21244

Mailing Address

2811 LORD BALTIMORE DR.
BALTIMORE MD 21244-2613

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

52-1780178

Applied For

Not Applicable

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

KATZ, KUTTER, HAIGLER, ALDERMAN, DAVIS, MA
RKS & RUTLEDGE, P.A.
106 E. COLLEGE AVE., SUITE 1200
TALLAHASSEE FL 32301

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

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
D HUNTER, JON
STREET ADDRESS
1123 BRIARCLIFF RD., NE
CITY-ST-ZIP
ATLANTA GA 30306

TITLE ☐ Delete

NAME
STD SEDNEY, BLAISE C
STREET ADDRESS
105 COLVARD COURT
CITY-ST-ZIP
FOREST HILL MD

TITLE ☐ Delete

NAME
P MANCHIO, LAURENCE A
STREET ADDRESS
5300 DURHAM RD
CITY-ST-ZIP
COLUMBIA MD 21044

TITLE ☐ Delete

NAME
VD HALL, DAVID T.
STREET ADDRESS
134 STARHILL RD
CITY-ST-ZIP
BALTIMORE MD 21228

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blaise C. Sedney, Secretary/Treasurer/COO

Date

Daytime Phone #

CR2E034 (9/99)