

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 22 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000000000 P96000075189

1. Entity Name

McCoy Vision Center, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1311 E. VINE ST

Suite, Apt. #, etc.

3. Mailing Address

1311 E. VINE ST

Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE, FL

4. FEI Number

59-3409350

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 00000000

0000000000

7. Name and Address of Current Registered Agent

Name

DAVID MCCOY

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

3209 HERON POINTE CIRCLE

City

KISSIMMEE

FL

Zip Code

34741

**DO NOT WRITE
IN THIS SPACE**

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 date 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 00000000

0000000000

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT
DAVID MCCOY
3209 HERON POINTE CIRCLE
KISSIMMEE FL 34741

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID MCCOY, PRESIDENT

4/15/02

Date

407-397-1881

Daytime Phone #

CR2E034B (12/01)

McCoy Vision Center, Inc.
1311 E. Vine Street
Kissimmee, Florida 34744

Department of State
Division of Corporations
409 E. Gains Street
Tallahassee, Florida 32399

May 14, 2002

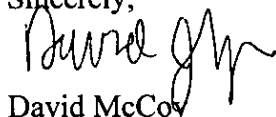
Dear Sir or Madam:

I am writing because I recently found that my corporation was dissolved for not filing the UBR for year 2001. In 2001 my office moved and I did not receive the UBR by mail so my accountant downloaded a copy and filled it out. On this form my address was changed. I am sending you a copy of the report filed and a copy of the air bill from Airbourne Express showing that I did in fact send it to you. I checked my records and the check never cleared my bank, so I have written a new check. I hope that this can correct this issue. It is of vital importance to me.

I have also downloaded a UBR for this year and have enclosed it as well. It is late because of the previous issue and I ask that all penalties be waived. I have enclosed a check for year 2002 as well.

I thank you for your handling of this matter. If you have questions please contact my accountant, Walter Parsons at 407-846-2934. He is handling my company information.

Sincerely,

A handwritten signature in dark ink, appearing to read "David McCoy", written over the printed name.

David McCoy
President, McCoy Vision Center, Inc.