

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90145 039 ***150.00

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DOCUMENT # P96000075189

1. Entity Name
MCCOY VISION CENTER, INC.



Principal Place of Business
**1311 E VINE STREET
KISSIMMEE FL 34744
US**

Mailing Address
**1311 E VINE STREET
KISSIMMEE FL 34744
US**

22000561



2. Principal Place of Business
1303 E. VINE ST
Suite, Apt. #, etc.

3. Mailing Address
1303 E VINE ST
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
KISSIMMEE, FLORIDA
Zip
34744 Country
OSCEOLA

City & State
KISSIMMEE FL.
Zip
34744 Country
OSCEOLA

4. FEI Number **59-3409350** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCOY, DAVID J OD
3209 HERON POINTE CIRCLE
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name **DAVID J MCCOY OD**
Street Address (P.O. Box Number is Not Acceptable)
3530 Forest Ridge Lane
City **KISSIMMEE** FL Zip Code **34744**

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 **David J McCoy**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-30-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCOY, DAVID J OD 3209 HERON POINTE CIRCLE KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REQUIRED **PRESIDENT**

1-30-03

407 870 2020

CR2E034 (10/02)