

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

06-02-2001 90004 033 ***150.00

DOCUMENT # P96000088440

1. Entity Name

ALCON OFFICE DIRECT, INC.

Principal Place of Business

Mailing Address

**390 ORTEGA LANE
 MARCO ISLAND FL 34145**

**PO BOX 892
 MARCO ISLAND FL 34146**

660818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3416680

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

**TUCKER, E. GLENN
 950 NORTH COLLIER BLVD
 SUITE 204
 MARCO ISLAND FL 34145**

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!
 After MAY 1, 2001
 Make Check Payable to Department of State**

**FEE IS \$150.00
 Fee will be \$550.00**

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 **V**
 STREET ADDRESS **HUETTEL, EDWARD A**
 CITY-ST-ZIP **P.O. BOX 42 COUNTY ROAD 805
 BARLON OH**

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

TITLE ☐ Delete
 NAME **VST**
 STREET ADDRESS **HUETTEL-MENDEL, KATHY A**
 CITY-ST-ZIP **390 ORTEGA LANE
 MARCO ISLAND FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

Kathy A Huettel-Mendel

KATHY A HUETTEL-MENDEL

5/1/01

941 384 9717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER - DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)