## 2000 UNIFORM BUSINESS REPORT (UBR) FILED P97000011729 DOCUMENT # Jul 17, 2000 8:00 am EVEGLAGS GALLERY INC. **Secretary of State** 07-17-2000 90003 050 \*\*\*150.00 Mailing Address Principal Place of Business 3855 US. HIGHWAY AKE WALES, FL 33853 Principal Place of Business Mailing Address APOVŁ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AKE We purpose of changing its registered office or registered agent, or both, in the State of Florida The above named exity submits SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corpor is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing equirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99 Addition Change ☐ Delete TITLE TITLE NAME NAME ITSHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE Delete\_ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP per qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trace and that my signature shall have the same legal effect as if made under oath; that I am an officer or director the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with the indicated on this report or supplemental of the corporation or the receiver or trustee or changed, or on an attachment with an addition SIGNATURE:

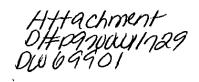
Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



## EYEGLASS GALLERY INC 3855 U.S HIGHWAY 27 NORTH LAKES WALES, FL 33853 (863) 676-4362



May 15, 2000

DIVISION OF CORPORATIONS C / O ANNUAL REPORT DEPARTMENT P.O. BOX 6327 TALLAHASSEE, FL. 32314

To Whom It May Concern:

Please find enclosed checks payable to the Department of State for the following entities: Dr. Sant & Associates O.D.P.A. and Eyeglass Gallery Inc. We did not receive our first notice or any subsequent business report renewal packages. We contacted an agent from your department and were told that the penalties would be waived if we submitted the forms as soon as possible. Please review the enclosed documents and should you have any questions, contact us at (407) 294 – 5151.

Sincerely

Jason sam President