

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000011729

1. Entity Name

EYEGLOSS GALLERY INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90050 034 ***150.00

Principal Place of Business

3855 US HIGHWAY 27 NORTH
LAKE WALES FL 33853

Mailing Address

3855 US HIGHWAY 27 NORTH
LAKE WALES FL 33853

2. Principal Place of Business

9428 W. Colonial Dr
Suite, Apt. #, etc.

3. Mailing Address

9428 W. Colonial Dr
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocoee FL

Zip

34761

Country

USA

City & State

Ocoee FL

Zip

34761

Country

USA

4. FEI Number

59-3454069

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SANT, DEAN A.J.D.
3855 US HIGHWAY 27
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name

JASON SANT

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

9428 W. Colonial Dr

City

Ocoee, FL

FL

Zip Code

34761

8. The above named entry 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME JASON SANT, OD
STREET ADDRESS 3855 US HIGHWAY 27 N
CITY-ST-ZIP LAKE WALES FLTITLE VP ☒ Delete
NAME DEAN SANT
STREET ADDRESS 1201 HIDDEN WARRIOR
CITY-ST-ZIP KISSIMEE FL 34746TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME JASON SANT, O.D.
STREET ADDRESS 9428 W. Colonial Drive
CITY-ST-ZIP Ocoee, FL 34761TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

JASON SANT

Date

1/6/2001

Daytime Phone #

CR2E034 (10/00)