

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90036 001 ***150.00

DOCUMENT # P97000011729

1. Entity Name
EYEGLOSS GALLERY INC.

Principal Place of Business

9428 W COLONIAL DRIVE
OCOE FL 34761

Mailing Address

9428 W COLONIAL DRIVE
OCOE FL 34761

2. Principal Place of Business

2313 INDIAN MOUND TR
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 422852
 Suite, Apt. #, etc.

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

59-3454069

Applied For

Not Applicable

Zip

Country

34746 USA

Zip

Country

34742-2852 USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

34746

SAMT, JASON
9428 W COLONIAL DRIVE
OCOE FL 34761

7. Name and Address of New Registered Agent

Name

SAMT, JASON

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

2313 Indian Mound Trail

City

Kissimmee FL

FL

Zip Code

34746

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!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 **9428 W COLONIAL DRIVE**
CITY-ST-ZIP **OCOE FL 34761**

TITLE ☐ **Delete**
NAME **JASON SANT**
STREET ADDRESS **2313 Indian Mound Tr**
CITY-ST-ZIP **Kissimmee FL 34746**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ **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 REQUIRED BY: JASON E. SANT

4/10/01 - 407 924 1370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)