

2001 UNIFORM BUSINESS REPORT (UBR)-

DOCUMENT # P97000033066

1. Entity Name

Eyes on America, Inc.

Principal Place of Business

Mailing Address

555 N. Byron Butler Pky. Perry, FL 32347

555 N. Byron Butler Pky. Perry, FL 32347

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 59-3451266

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAR 23 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

6. Name and Address of Current Registered Agent

Joel K. Shugar, M.D.
1211 N. Center St.
Perry, FL 32347

7. Name and Address of New Registered Agent

Name

Gary A. Shipman

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

215 S. Monroe St., Second Floor

City Tallahassee

FL

Zip 32301

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)

3/23/01

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ COO
NAME Bridgeman, Scott ☒ Delete
STREET ADDRESS 555 N. Byron Butler Prky.
CITY-ST-ZIP Perry, FL 32347

TITLE ☐ P
NAME Shugar, Joel K., M.D. ☐ Delete
STREET ADDRESS 555 N. Byron Butler Prky.
CITY-ST-ZIP Perry, FL 32347

TITLE ☐ S
NAME Shugar, Michelle C. ☐ Delete
STREET ADDRESS 555 N. Byron Butler Prky.
CITY-ST-ZIP Perry, FL 32347

TITLE ☒ V
NAME Keeler, Scott ☒ Delete
STREET ADDRESS 555 N. Byron Butler Prky.
CITY-ST-ZIP Perry, FL 32347

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
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 000003912240
CITY-ST-ZIP -03/27/01--01068--015
****150.00 ****150.00

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

TITLE ☒ VP/T
NAME Shugar, Michelle ☒ Change ☐ Addition
STREET ADDRESS 555 N. Byron Butler Prky.
CITY-ST-ZIP Perry, FL 32347

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

TITLE ☐ ☒ Addition
NAME Shipman, Gary A.
STREET ADDRESS 555 N. Byron Butler Prky.
CITY-ST-ZIP Perry, FL 32347

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/01 850-222-3533
Date Daytime Phone #

CR2E034 (11/00)