

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90138 026 \*\*\*150.00

**DOCUMENT # P97000067624**

1. Entity Name

**EYES, ETC., INC.**

Principal Place of Business

~~820 W. LAKE MARY BLVD., STE. 104~~  
~~SANFORD FL 32773~~  
**100 Internat**

Mailing Address

~~820 W. LAKE MARY BLVD., STE. 104~~  
~~SANFORD FL 32773-5946~~

2. Principal Place of Business

**100 International Pkwy,**

3. Mailing Address

**100 International Pkwy,**

Suite, Apt. #, etc.

**#118**

Suite, Apt. #, etc.

**#118**

City & State

**Heathrow FL**

City & State

**Heathrow FL**

Zip

**32746**

Country

**USA**

Zip

**32746**

Country

**USA**

4. FEI Number

**59-3458621**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PETERSON, INGRID**  
**820 W. LAKE MARY BLVD., STE. 104**  
**SANFORD FL 32773**

7. Name and Address of New Registered Agent

Name **SANDRA J. CARLI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 International Pkwy**  
**#118**  
 City **Heathrow** **FL** Zip Code **32746**

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

*Sandra J. Carli*

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	PETERSON, INGRID	820 W. LAKE MARY BLVD., STE. 104	SANFORD FL 32773	<input checked="" type="checkbox"/>
D	LOGAN, CAROL	820 W. LAKE MARY BLVD., STE. 104	SANFORD FL 32773	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	SANDRA J. CARLI	100 International Pkwy #118	Heathrow FL 32746	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	MARK K. CARLI	100 International Pkwy #118	Heathrow FL 32746	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Ingrid Peterson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/14/2000*  
*3/8/2000*

Daytime Phone #

*(407) 322-2230*

CR2E034 (9/99)