

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000075448**

1. Entity Name

**SUN COAST EYE CARE, INC.****FILED****May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90045 022 \*\*\*150.00

Principal Place of Business

Mailing Address

432 INDIAN ROCKS ROAD NORTH  
BELLEAIR BLUFFS FL 33770432 INDIAN ROCKS ROAD NORTH  
BELLEAIR BLUFFS FL 33770-2067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3465133**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**33770****SMITH, LELAND K III**  
**432 INDIAN ROCKS ROAD NORTH**  
**BELLEAIR BLUFFS FL 34640-33770**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, LELAND K III</b>	NAME	
STREET ADDRESS	<b>432 INDIAN ROCKS ROAD NORTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL 34640-33770</b>	CITY-ST-ZIP	<b>33770</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, MARY LOU</b>	NAME	
STREET ADDRESS	<b>432 INDIAN ROCKS ROAD NORTH</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEAIR BLUFFS FL 34640-33770</b>	CITY-ST-ZIP	<b>33770</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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****Mary Lou Smith**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-25-00**

Daytime Phone #

**727-581-5567**

CR2E034 (9/99)