

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000077606**

1. Entity Name

OCULAR INSIGHT, INC.**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90972 024 ***150.00

Principal Place of Business

Mailing Address

398 CAMINO GARDENS BLVD.
SUITE 110
BOCA RATON FL 33432398 CAMINO GARDENS BLVD.
SUITE 110
BOCA RATON FL 33487-1620

2. Principal Place of Business

3. Mailing Address

7940 N. Federal Hwy
Suite, Apt. #, etc.7940 N. Federal Hwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Boca Raton FL		City & State Boca Raton FL		4. FEI Number 11-2938363	Applied For <input type="checkbox"/> Not Applicable
Zip 33487	Country Palm Beach	Zip 33487	Country Palm Beach	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLACKMAN, NEIL
398 CAMINO GARDENS BLVD.
SUITE 110
BOCA RATON FL 33432

Name

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

City

FL

Zip Code

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

4/28/00

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 State10. 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	GLACKMAN, NEIL	398 CAMINO GARDENS BLVD	BOCA RATON FL 33432						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

Date

4/28/00

Daytime Phone #

CR2E034 (9/99)