

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # P97000091589****1. Entity Name**

PROFESSIONAL EYE CARE ASSOCIATES, INC.

Principal Place of Business

2602 JIM REDMAN PARKWAY

PLANT CITY

33567

FL

Mailing Address

8641 HUNTERS KEY CIRCLE

TAMPA

33647

FL

2. Principal Place of Business

8505 LITTLE ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY

FL

City & StateZip
34654

Country

Zip

Country

4. FEI Number

59-3474878

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

WENGER JENNIFER R

8641 HUNTERS KEY CIRCLE

TAMPA

33647

FL

7. Name and Address of New Registered Agent

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 **JENNIFER R WENGER****05/01/2000**

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	VP	<input type="checkbox"/> Delete
NAME	WENGER JENNIFER R	
STREET ADDRESS	8641 HUNTERS KEY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647	

TITLE	P	<input type="checkbox"/> Delete
NAME	WENGER STACEY ADR	
STREET ADDRESS	8641 HUNTERS KEY CIRCLE	
CITY-ST-ZIP	TAMPA FL 33647	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Stacey A Wenger

Date: 05/01/2000