

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005.140

1. Entity Name  
**EAGLE VISION, INC.**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90246 013 \*\*\*150.00

Principal Place of Business

Mailing Address

~~650 N ORLANDO AVE. STE 320~~  
~~WINTER PARK FL 32789~~

~~PO BOX 4961~~  
~~ORLANDO FL 32802~~

2. Principal Place of Business

**310 WAYMONT COURT**

3. Mailing Address

**310 WAYMONT COURT**

Suite, Apt. #, etc.

**Suite 104**

Suite, Apt. #, etc.

**Suite 104**

City & State

**LAKE MARY, FL**

City & State

**LAKE MARY, FL**

Zip

**32746**

Country

**USA**

Zip

**32746**

Country

**USA**

4. FEI Number

**59-3498175**

Applied For

Not Applicable

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

**B&C CORPORATE SERVICES OF CENTRAL FLA, INC**  
**390 N ORANGE AVE, STE 1100**  
**ORLANDO FL 32801**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVS**  
**PALMER, CHARLES B**  
**950 N ORLANDO AVE STE 320**  
**WINTER PARK FL 32789** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**310 WAYMONT COURT - Suite 104**  
**LAKE MARY, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DPT**  
**DENTINGER, THOMAS A**  
**950 N ORLANDO AVE STE 320**  
**WINTER PARK FL 32789** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**33 N. Borden Ave**  
**Suite 1200 Clearwater FL 33755**  
**310 Waymont Court - Suite 104**  
**LAKE MARY, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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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

**CHARLES B. PALMER, VICE PRES.**

Date

Daytime Phone #

CR2E034 (10/00)