

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009690

1. Entity Name

ANOTHER EYE, INC.

Principal Place of Business

2151 WEST HILLSBORO BLVD SUITE 213
DEERFIELD BEACH FL 33442

Mailing Address

2151 WEST HILLSBORO BLVD SUITE 213
DEERFIELD BEACH FL 33442-1275

2. Principal Place of Business

6677 Stratford Drive

3. Mailing Address

6677 Stratford Drive

Suite, Apt. #, etc.

Parkland

City & State

Florida

City & State

Parkland

Zip

33067

Zip

33067

Country

USA

Country

USA

6. Name and Address of Current Registered Agent

MOSS, JUNE FRAMER
6677 STRATFORD DRIVE
PARKLAND FL 33067

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, 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 PD
NAME MOSS, JUNE FRAMER
STREET ADDRESS 6677 STRATFORD DRIVE
CITY-ST-ZIP PARKLAND FL 33067

Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change 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: *June F. Moss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2000 (954) 614-0643

Date

Daytime Phone #

6004104



DO NOT WRITE IN THIS SPACE

CR2E014 (999)