## **2003 FOR PROFIT CORPORATION** ÜNIFORM BUSINESS REPORT (UBR)

## Apr 21, 2003 8:00 am Secretary of State P98000038155 DOCUMENT # 1. Entity Name 04-21-2003 90493 025 \*\*\*150.00 DR. LUCIA N. LUU, OD, PA Principal Place of Business Mailing Address 11425 GEORGETOWN CR 5537 SHELDON RD. TAMPA FL 33635 TAMPA FL 33615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3504198 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUU, LUCIA N Street Address (P.O. Box Number is Not Acceptable) 11425 GEORGETOWN CR TAMPA FL 33635 City 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. I am familiar with, and accept the obligations of registered agent. Luu (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition TITLE ☐ Delete TITLE Change LUU, LUCIA N NAME NAME 11425 GEORGETOWN CIRCLE STREET ADDRESS STREET ADDRESS **TAMPA FL 33635** CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Addition TITLE ☐ Delete TITLE NAME

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

## AHOCHMONTH P98000038155 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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Dr Lucia N Luu, OD, PA D/B/A I-Care Optical												
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2. Principal Place of Business 5537 Sheldon Rd				3. Mailing Address 11425 Georgetown Cir				90099626				
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City & State Tampa, FL				City & State Tampa, FL				4. FE	Number <b>59-3504198</b>		Applied For Not Applicable	
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						Name D-			e and Address of Current Register	ed Agen	ıt	
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						Street Adda	ress (F	O. Bo	x Number is Not Acceptable)		]	
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					City Tam				o Code 3635			
			nent for the p	ourpose of changing its	s register	<u> </u>		ed ager	nt, or both, in the State of Florida. I ar			
SIGNATURE	tions of regisi	fure	fu	. Lu	un	N	40	14	4/1	5/0	3	
		or printed name of registere		dappientie. (NOI	E: Registere	d Agent signature :	pared	when rem	Stating) DATE			
January 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 Make Check Payable to Florida Department of State									Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
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indicated of the cor	on this repor rporation or t	t or supplemental re	port is true a e empowere	and accurate and that i ed to execute this repo	my signa!	ture shall have	the s	ame ler	9.07(3)(i), Florida Statutes. I further ogal effect as if made under oath; that da Statutes; and that my name appe	Lam an a	officer or director	
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Daylara Phone #