2000 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 07, 2000 8:00 am Secretary of State DOCUMENT # P98000059717 1. Entity Name EYETOPIAN OPTICAL, INC. 09-07-2000 90003 017 ***150.00 Principal Place of Business Mailing Address 26831 SOUTH BAY DRIVE 26831 SOUTH BAY DRIVE STE 108 STE 108 10083634BONITA SPRINGS FL 34134 **BONITA SPRINGS FL 34134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3524249 Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---Name GARLICK, THOMAS B Street Address (P.O. Box Number is Not Acceptable) 8889 PELICAN BAY BLVD. STE. 300 NAPLES FL 34108 Zip Code FL 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 FILE NOW!!! FEE IS \$550,00 9. This corporation is eligible to satisfy its intangible: 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Pavable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Vice President M Change Addition TITLE ☐ Delete TITLE CHASNOV, CRAIG S NAME raig Chasnov NAME STREET ADDRESS STREET ADDRESS 3480 POND APPLE COURT Twinberry Ct. CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP ☐ Addition TITI F ☐ Delete TITLE CHASNOV, KELLY L NAME NAME 3480 POND APPLE COUT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** Addition TITLE ☐ Delete ŤITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS 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, wi

The Promenade 26831 South Bay Drive Suite 108 Bonita Springs, FL 34134 (941) 498-4420 Fax (941) 495-6084

Eyetopian Optical Inc.

September 1, 2000

Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sirs:

As per my conversation with one of your customer service agents, I never received the Uniform Business Report until 8-30-00. Therefore I am only enclosing the \$150.00 filing fee, could you please verify the address you have, we have had several problems with our mail not reaching us. If you have any questions you may reach me at 941.498.4420. Thank you for you time.

Sincerely,

Kelly L. Chasnov

President