

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90126 009 ***150.00

DOCUMENT # P98000070782

1. Entity Name

MONNETT LASER VISION CENTER, INC.

Principal Place of Business

**2419 S. BABCOCK STREET #B 2
MELBOURNE FL 32901**

Mailing Address

**14410 US HWY 1
SEBASTIAN FL 32958**

727392



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Melbourne Square Mall #103

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1700 West New Haven Ave.

City & State

Melbourne, FL

City & State

4. FEI Number

59-2437346

Applied For

Not Applicable

Zip

32904

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KAHN, MICHAEL H ESQ
482 NORTH HARBOR CITY BOULEVARD
MELBOURNE FL 32935**

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

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

TITLE **D** ☐ Delete
NAME **MONNETT, RALPH B JR.**
STREET ADDRESS **2419 S. BABCOCK STREET #B 2**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **V** ☐ Delete
NAME **MONNETT, TERESA**
STREET ADDRESS **2419 S. BABCOCK STREET #B2**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Melbourne Square Mall #103**
CITY-ST-ZIP **1700 West New Haven Ave
Melbourne, FL 32904**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **Melbourne Square Mall #103**
CITY-ST-ZIP **1700 West New Haven Ave.
Melbourne, FL 32904**

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TITLE ☐ Change ☐ 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: **Ralph B. Monnett, Jr., M.D. Ralph B. Monnett Jr. M.D.**

1/9/01

(561) 589-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0084293