

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103799

1. Entity Name

OPTICALLY YOURS, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90028 038 ***150.00

Principal Place of Business

Mailing Address

12888 HWY. 441
BELLEVUE FL 34420

1608A KELLARNEYCT.
OCALA FL 34472-9164

2. Principal Place of Business

7016 SE C25A

3. Mailing Address

7016 SE C25A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BELLEVIEW, FL

City & State

BELLEVIEW, FL

4. FEI Number

59-3541360

Applied For

Not Applicable

Zip

34420

Country

MARION

Zip

34420

Country

MARION

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

HERNANDEZ, CATHERINE L
12888 HWY. 441
BELLEVUE FL 34420

Name

Street Address (P.O. Box Number is Not Acceptable)

11430 SE 54TH AVE

City

SAME

FL

Zip Code

SAME

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HERNANDEZ, CATHERINE L
STREET ADDRESS 12888 HWY. 441
CITY-ST-ZIP BELLEVUE FL 34420

TITLE SD ☐ Change ☒ Addition
NAME LUNSFORD, PHYLLIS L.
STREET ADDRESS 11430 SE 54TH AVE
CITY-ST-ZIP BELLEVUE, FL 34420

TITLE VD ☐ Delete
NAME HERNANDEZ, RAMONA
STREET ADDRESS 12888 HWY. 441
CITY-ST-ZIP BELLEVUE FL 34420

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

TITLE TD ☐ Delete
NAME HERNANDEZ, HENRY
STREET ADDRESS 12888 HWY. 441
CITY-ST-ZIP BELLEVUE FL 34420

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CATHERINE L. HERNANDEZ

4/13/00 (352) 307-6797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)