

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000103799**

1. Entity Name

OPTICALLY YOURS, INC.**FILED**
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90038 022 ***150.00

Principal Place of Business

Mailing Address

~~7010 SE 625A~~

BELLEVUE FL 34420

~~7010 SE 625A~~

BELLEVUE FL 34420

2. Principal Place of Business

11797 S. U.S. Hwy 441

3. Mailing Address

11797 S. U.S. Hwy 441

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bellevue, FL

City & State

Bellevue, FL

Zip

34420

Country

USA

Zip

34420

Country

USA

4. FEI Number

59-3541360

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, CATHERINE L
11430 SE 54TH AVE
BELLEVUE FL 34420

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	HERNANDEZ, CATHERINE L	12888 HWY. 441	BELLEVUE FL 34420	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VD	HERNANDEZ, RAMONA	12888 HWY. 441	BELLEVUE FL 34420	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD	HERNANDEZ, HENRY	12888 HWY. 441	BELLEVUE FL 34420	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	LUNS福德, PHYLLIS L	11430 SE 54TH AVE	BELLEVUE FL 34420	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01

307-6797

CR2E034 (10/00)