2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P99000025794

1. Entity Name

BROADWAY EYES, P.A.



FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90494 036 ***150.00

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Sure. Apt. 4. etc. Suite, Apt. 4. etc. Suite, Apt. 4. etc. City & State A. FEI NUMBER Sp-3571361 Applied For Net App	1783 E BROADWAY ST			1783 E BROADWAY ST									
Chy & Siste City & State Country Cou	2. Principal P	Place of Business		3. Mailing Address									
The control of registered agent Security	Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
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CHESEN, RICHARD J 1110 HARBOURNEW CIRCLE LONGWOOD FL 32775-2955 City FL Zip Code C	Zip	Zip Country			Zip Cou				5. C	ertificate of Status Desire	d 🗆	\$8.75 Add	ditional
CHESEN, RICHARD J 1110 HARBOURNEW CIRCLE LONGWOOD FL 32775-2955 City FL Zip Code C		6. Name and Add	ress of Current Re	Registered Agent									
The above named entity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered area of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. FILE NOW!! FEE IS \$150.00 Alternative the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept	·· · · · · · · · · · · · · · · · · · ·												
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S. 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. Tam familiar with, and accept the obligations of registered agent. SIGNATURE													
B. 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. SIGNATURE Signature	LONGWO	OD FL 32113-2933					City					Zin Cod	^
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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.

SIGNATURE: