

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90152 018 ***150.00

DOCUMENT # **999000048014**

1. Entity Name

YOUR IOL MANUFACTURING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9619 Palm River Rd

Suite, Apt. #, etc.

3. Mailing Address

9619 Palm River Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

Tampa, FL

4. FEI Number

59-3576909

Applied For

Not Applicable

Zip

33619

Country

Hills.

Zip

33619

Country

Hills

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BUDDY FORD

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

115 North Mac Mill Ave

City

Tampa

FL

Zip Code

33609

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.

Buddy O. Ford

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/3/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
Rachel Doney (President)
9619 Palm River Rd
Tampa, FL 33619

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Vice President
Dennis Doney
9619 Palm River Rd.
Tampa, FL 33619

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RDoney **05/20/02** **813-621-0076**

Date

Daytime Phone

CR2E034B (12/01)

Your Id Manufacturing Inc.
9619 Palm River Road
Tampa, FL 33619
(813) 621-0076

Attachment
Document #
P99000048014
117633

Monday, May 20, 2002

Uniform Business Report
Division Of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I called prior in regards to my late filing and was instructed to attach a letter with my filing explaining why it is late with hope of having the extra late charge waived. I usually receive my preprinted form in the mail, however this year I did not. I occasionally have problems with my mail service due to being on a rural mailing route. I would appreciate understand of this and request to have my charges reduced to the normal \$150.00 rate. I have enclosed a check for this amount. If you cannot make acceptations in this matter, please send me a bill for the remaining amount and I will pay this.

Thank you,


Rachel A Doney