May 10, 2001 8:00 am Secretary of State

05-10-2001 90194 027 ***150.00

DO NOT WRITE IN THIS SPACE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077502

1. Entity Name

EAST COAST LENSES, INC.

Principal	Place	of	Business
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Mailing Address

2344 UNIVERSITY DRIVE CORAL SPRINGS FL 33065 2344 UNIVERSITY DRIVE CORAL SPRINGS FL 33065

2.	Principal	Place	of	Business

3. Mailing Address

Suit	te,	Api	i.#,	etc

Suite, Apt. #, etc.

City	ă	State	

Zip

6. Name and Address of Current Registered Agent

City & State

Country

4. FEI Number

5. Certificate of Status Desired

65-0946845

Applied For Not Applicable

\$8.75 Additional

Fee Required 7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE CORAL GABLES FL 33134

Tax filing requirement and elects to do so.

(See criteria on back)

statement for the purpose of changing its registered office by registered agent, or both, in the State of Florida 8. The above narth ubmits thi

SIGNATURE

9. This corporation is eligible to satisfy its Intangible

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PTD ☐ Addition ☐ Delete TITLE TITLE GOBERVILLE, GARY E GLOJ, NE 46 to STREET GOBERVILLE, GARY E NAME NAME 2344 UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS ighthouse Point CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Addition Change Delete TITLE TAWNIE GOBERVILLE TEMAAT, VINCENT J NAME 2691 NE 464 STREET 2344 UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 - Delete TITLE --☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

GARY E GOBERVILLE

TITLE

NAME STREET ADDRESS

TITLE

NAME

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 all other like empowered. changed, or on an attachment with an address; wi

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

☐ Change

■ Addition

Addition