

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

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90184 015 \*\*\*150.00

DOCUMENT #

1. Entity Name

V03989

OPTOMETRIC CONSULTANTS OF FLORIDA,

**DO NOT WRITE IN THIS SPACE**

90089036

2. Principal Place of Business

10965 NW 71ST CT.

Suite, Apt. #, etc.

3. Mailing Address

10965 NW 71ST CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PARKLAND FL

City & State

PARKLAND FL

4. FEI Number

65-0300160

Applied For

Not Applicable

Zip

33076

Country

USA

Zip

33076

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES R. CERNEY

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

10965 NW 71ST CT.

City

PARKLAND FL

FL

Zip Code

33076

**DO NOT WRITE  
IN THIS SPACE**

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

X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Pres. JAMES R. CERNEY 4-11-03

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  
Pres/DIRECTOR  
JAMES R. CERNEY  
10965 NW 71ST CT.  
PARKLAND FL 33076

TITLE  
NAME  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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

JAMES R. CERNEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

4-11-03

Date

954-345-1928

Daytime Phone #

CR2E034B (12/01)