

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91286 050 ***150.00

A0067651

DO NOT WRITE IN THIS SPACE

DOCUMENT # V42479
1. Entity Name Three Americas Inc
PBA EYES "R" Inc.

Principal Place of Business 4135 MARTIN LUTHER K. ST MYERS DR. 33916
Mailing Address 131 SW 56th TERRACE
CAPE CORAL FL 33914

2. Principal Place of Business 4135 MARTIN L.K. ST MYERS
3. Mailing Address 131 SW 56th TER. CAPE CORAL
 Suite, Apt. #, etc.

City & State PORT MYERS **City & State** CAPE CORAL
Zip 33914 **Country** LEE **Zip** 33916 **Country** LEE

4. FEI Number 65-0341678 **Applied For**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ROSE MARIE MASON
131 SW 56th TERRACE
CAPE CORAL FL 33914

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 ROSE MARIE MASON PRES. Rose Marie Mason 04/22/2001
 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. ☐
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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE <u>PRESIDENT</u> <input type="checkbox"/> Delete	NAME <u>ROSE MARIE MASON</u>
STREET ADDRESS <u>131 S.W. 56th TERRACE</u>	
CITY-ST-ZIP <u>CAPE CORAL FL 33914</u>	
TITLE <u>SECT.</u> <input type="checkbox"/> Delete	NAME <u>CHERYL WALKER</u>
STREET ADDRESS <u>131 S.W. 56th TERRACE</u>	
CITY-ST-ZIP <u>CAPE CORAL FL 33914</u>	
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete
STREET ADDRESS <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Delete
CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete
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TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Delete
STREET ADDRESS <input type="checkbox"/> Delete	STREET ADDRESS <input type="checkbox"/> Delete
CITY-ST-ZIP <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <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: Rose Marie Mason ROSE MARIE MASON Pres 04/22/2001 941 541.3153
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)