FILED

May 12, 2001 8:00 am Secretary of State

05-12-2001 90004 009 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V55639

1. Entity Name

drexler eye	CARE	ASSOCIATES	OF	CLEARWATER	, 'P.A.
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Principal Place of Business

Mailing Address

% SCOTT P. DREXLER, O.D.

127 1ST ST. E

CLEARWATER		TIERRA VERDE FL 33715 US			I (BRIL BINGO) BINDA BINDA BINDA ISING ISING IBIR BIRKI C	AIRII BABII BIBII RI	NIA BIOSI INDI	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THI	IS SPACE		
City & State		City & State		4.	FEI Number 59-3137360	—— -	applied For	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Ad	Iditional	
	6. Name and Address of Current R	egistered Agent		7. 1	Name and Address of New Registere	<u> </u>		
		Mariena and the second and the second	Name	**·				
DREXLER, SCOTT P. 2551 DREW STREET		Street Address (I		idress (P.O. E	(P.O. Box Number is Not Acceptable)			
	'E 302 Arwater FL 33765							
0,2			City		F	Zip Cod	de	
SIGNATURE	e named entity submits this statement for statement for statement for statement for statement and statement for statement for statement for statement and statement for st							
	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signatu	e required when re	reinstating) — DATE	:		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		50.00	10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	IS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DREXLER, SCOTT P. 127 1ST ST EAST #105 TIERRA VERDE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DREXLER, SHEILA Y. 127 1ST ST E #105 TIERRA VERDE FL	□ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS. CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS: CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	17		Change	☐ Addition	

13. I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Scott P Drexler

4.26.01

727.791.1214

☐ Change

☐ Addition

Daytime Phone #