2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PI

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # V55639 1. Entity Name 04-09-2002 90043 016 ***150 00 DREXLER EYE CARE ASSOCIATES OF CLEARWATER, P.A. Mailing Address Principal Place of Business 127 1ST ST. E % SCOTT P. DREXLER. O.D. #105 2551 DREW ST. SUITE 302 TIERRA VERDE FL 33715 **CLEARWATER FL 33765** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State .59-3137360 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DREXLER, SCOTT P. Street Address (P.O. Box Number is Not Acceptable) 2.1 2551 DREW STREET SUITE 302 Zip Code **CLEARWATER FL 33765** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be -Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (9/01)Change ☐ Addition ☐ Delete TITLE TITLE DREXLER, SCOTT P. NAME NAME STREET ADDRESS STREET ADDRESS 127 1ST ST EAST #105 CITY-ST-ZIP CITY-ST-ZIP TIERRA VERDE FL Change Addition ☐ Delete TITL E TITLE **VPD** NAME NAME DREXLER, SHEILA Y. STREET ADDRESS STREET ADDRESS 127 1ST ST E #105 CITY-ST-ZIP CITY-ST-ZIP Tierra verde fl ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address with all other like empowered.

21 March 2002

727-791-1214

Daytime Phone #