

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156604

Entity Name: COASTAL FAMILY EYECARE, INC.

Current Principal Place of Business:

5811 JAPONICA AVE
PENSACOLA, FL 32507

Current Mailing Address:

5811 JAPONICA AVE
PENSACOLA, FL 32507 US

FEI Number: 20-8103877

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEONARD, CLARE LOD
5811 JAPONICA AVE
PENSACOLA, FL 32507 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title P
Name LEONARD, CLARE LOD
Address 5811 JAPONICA AVE
City-State-Zip: PENSACOLA FL 32507

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLARE LUCILLE LEONARD

PRESIDENT

03/15/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date