

2001 UNIFORM BUSINESS REPORT (UBR)

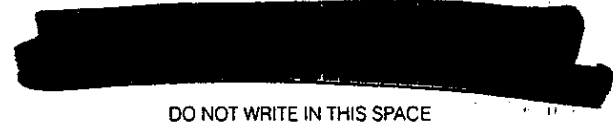
FILED
May 23, 2001 8:00 am
Secretary of State

04-28-2001 90002 049 ***150.00

DOCUMENT *P00000010165*
 i. Entity Name
PINNACLE EYE CENTER, INC

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address
 230 S. WICKHAM RD 230 S. WICKHAM RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.



City & State W. MELBOURNE
 Zip 32904 Country BREVARD

4. FEI Number 59-3625013 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAPPAS, REGINE
110 WINDWARD WAY
INDIAN HARBOR BEACH, FL.

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000, Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	PAPPAS, REGINE	
STREET ADDRESS	110 WINDWARD WAY	
CITY-ST-ZIP	INDIAN HARBOR BCH, FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	PAPPAS, COSTAS	
STREET ADDRESS	110 WINDWARD WAY	
CITY-ST-ZIP	INDIAN HARBOR BCH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Costas Pappas* COSTAS PAPPAS 4/25/01 321-952-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dept. of State

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000010165

1. Entity Name
PINNACLE EYE CENTER, INC.

*Attachment
P0000010165
4969*

Principal Place of Business
110 WINDWARD WAY
INDIAN HARBOUR BEACH FL 32937

Mailing Address
P.O. BOX 37238
SATELLITE BEACH FL 32937 2398

2. Principal Place of Business
230 S. WICKHAM RD
Suite, Apt. #, etc.

3. Mailing Address
230 S. WICKHAM RD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
W. MELBOURNE

City & State
W. MELBOURNE

4. FEI Number
59-3625013

Applied For
Not Applicable

Zip
32904

Country
BREVARD

Zip
32904

Country
Brevard

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PAPPAS, REGINE
110 WINDWARD WAY
INDIAN HARBOUR BEACH FL 32937

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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 _____ DATE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reissuing)

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Make Check Payable to Department of State

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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DPT</i> PAPPAS, REGINE 110 WINDWARD WAY INDIAN HARBOR BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PAPPAS, COSTAS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: *[Signature]* COSTAS PAPPAS 4/24/01 321-952-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)