

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90884 004 ***150.00

DOCUMENT # *P00000610165*

1. Entity Name

PINNACLE EYE CENTER, INC

DO NOT WRITE IN THIS SPACE

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, FL

City & State

W. Melbourne, FL

4. FEI Number

59-3625013

Applied For

Not Applicable

Zip

32904

Country

Florid

Zip

32904

Country

Florid

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

PAPPAS, REGINE

Street Address (P.O. Box Number is Not Acceptable)

230 S. Wickham Rd

City

W. Melbourne

FL

Zip Code

32904

**DO NOT WRITE
IN THIS SPACE**

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

COSTAS PAPPAS

[Signature]

4/30/02

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. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>DP</i>
NAME	<i>PAPPAS REGINE</i>
STREET ADDRESS	<i>110 WINDWARD WAY</i>
CITY-ST-ZIP	<i>Indian Harbour Bch, FL 32937</i>
TITLE	<i>DTS</i>
NAME	<i>PAPPAS COSTAS</i>
STREET ADDRESS	<i>110 Windward way</i>
CITY-ST-ZIP	<i>Indian Harbour Bch, FL 32937</i>
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

COSTAS PAPPAS

4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)