

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90303 045 ***150.00

DOCUMENT # **P00000010165**

1. Entity Name
PINNACLE EYE CENTER, INC.

DO NOT WRITE IN THIS SPACE

90102607

2. Principal Place of Business
230 South Wickham Rd

3. Mailing Address
230 South Wickham Rd

DO NOT WRITE IN THIS SPACE

City & State
West Melbourne

City & State
West Melbourne

4. FEI Number **59-3625013**
Applied For
Not Applicable

Zip **32904** Country **Brevard**

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **PAPPAS, REGINE**
Street Address (P.O. Box Number is Not Acceptable)
514 Lanternback Island Drive
City **Satellite Beach FL** Zip Code **32937**

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)

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 NAME STREET ADDRESS CITY-ST-ZIP | DPS PAPPAS, REGINE 514 Lanternback Island Drive Satellite Beach, FL 32937 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVT PAPPAS, COSTAS 514 Lanternback Island Dr Satellite Beach, FL 32937 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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:  **COSTAS PAPPAS** **4/17/03** **321-952-9525**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)