## FILED Jan 27, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BOSINE	33 REPUR	i (OBN)	
1. Entity Nam	MENT # P0200 EYES, INC.	00017086		Secretary of State 01-27-2003 90308 014 ***150.00
750 LARKVIEV	e of Business V STREET AND FL 32953	Mailing Address 750 LARKVIEW STREET MERRITT ISLAND FL 3295	3	.~-
2. Principal F	Place of Business	3. Mailing Address	**	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	е	City & State	<u> </u>	4. FEI Number Applied For Not Applicable
Žìp	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
FLAVIN, THOMAS P CPA 330 FIFTH AVENUE			Name W/	ESCHAM WARZ Y PSEI ess (P.OrBox Number is Not Acceptable) 750 LARKVIEW ST
INDIALAN	TIC FL 32903		City An	ERRITE ISLAND FL Zip Code - 2265-7
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. I am familiar with, and accept				
the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE				
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 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARZYNSKI, WILLIAM 750 LARKVIEW STREET MERRITT ISLAND FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARZYNSKI, DUWAINE A 750 LARKVIEW STREET MERRITT ISLAND FL 32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition(
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARIEUX, LEAH 750 LARKVIEW STREET MERRITT-ISLAND FL*32953	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-03

321-452-4476

Daytime Phone #