

2000 UNIFORM BUSINESS REPORT (UE

FILED
Jan 18, 2000 8:00 am
Secretary of State

DOCUMENT # P98000017093

1. Entity Name

20/20 EYECARE PLAN, INC.

01-18-2000 90012 048 ***158.75

Principal Place of Business 11300 4 STREET NO STE 124 ST PETERSBURG FL 33176		Mailing Address 11300 4 STREET NO STE 124 ST PETERSBURG FL 33716-2939		<p>000553</p> <p>DO NOT WRITE IN THIS SPACE</p>
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 65-0821007		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Fee Due		

6. Name and Address of Current Registered Agent COPPOLA, ROBERT C 1291 SO POWERLINE ROAD POMPANO BEACH FL 33069		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 0	
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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 _____ (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. <input type="checkbox"/> (See criteria on back)	<p>FILE NOW!!! FEE IS \$150.00</p> <p>After MAY 1, 2000 Fee will be \$550.00</p> <p>Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPPOLA, ROBERT C 1291 SO POWERLINE ROAD POMPANO BEACH FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATUS, GERALD E 11300 4 STREET NO STE 124 ST PETERSBURG FL 33716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

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

SIGNATURE: Robert M. Coppola **1/7/00** (954) 477-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #