## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # F9600000176 May 01, 2000 8:00 am Secretary of State PARTNERS IN VISION INTERNATIONAL INC. 05-01-2000 90408 023 \*\*\*\*70.00 Principal Place of Business Mailing Address 3645 RUFFIN RD 3645 RUFFIN RD SUMMEN 25 Suite 300 xwww.xxx Suite 300 SAN DIEGO CA 92123-1887 SAN DIEGO CA 92123 2. Principal Place of Business 3. Mailing Address 3645 Ruffin Rd 3645 Ruffin Rd Suite, Apt. #, etc. Suite 300 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 300 Applied For City & State 4. FEI Number City & State 45-0406814 Not Applicable San Diego <del>Jan Diego</del> Country Country \$8.75 Additional 92123 5. Certificate of Status Desired 92123 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE MATSON, RICHARD NAME NAMÉ STREET ADDRESS STREET ADDRESS 11395 LEGACY TERRACE CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA ☐ Change ☐ Addition ☐ Delete TITLE TITLE OPPERMAN, MELINDA NAME NAME STREET ADDRESS STREET ADDRESS 15894 LYONS VIY RD PO 43 CITY-ST-ZIP CITY-ST-ZIP JAMUL CA 91935 Change ☐ Addition XX Delete TITLE DST TITLE HASHBROKE, STEVE NAMÉ NAME STREET ADDRESS STREET ADDRESS 13645 RUFFIN RD STE 310 CITY-ST-ZIP CITY-ST-ZIP SANDIEGO CA ☐ Change Addition TITLE ☐ Delete TITLE Thomas Carr (VPD) ADD NAME NAME 20061 Sunset Oaks Drive STREET ADDRESS STREET ADDRESS Ramona, CA 92065 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, 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

SINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #