

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90069 028 ***150.00

DOCUMENT # H89692

1. Entity Name

ACCU-VISION OPTICAL OF TARPON SPRINGS, INC.

Principal Place of Business

**40966 US HWY 19 NORTH
TARPON SPRINGS FL 34689
US**

Mailing Address

**40966 U.S. HWY 19 NORTH
TARPON SPRINGS FL 34689-5446
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2614634

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEYMAN, STEVEN E
2161 MAIN ST.
DUNEDIN FL 34698**

Name

Cathy Carson

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

40966 U.S. HWY. 19 North

City

Tarpon Springs

FL

Zip Code

34689

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

Steven Heyman, P.D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

4-24-2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Delete
NAME **HEYMAN, STEVEN E.**
STREET ADDRESS **40966 US HWY 19 NORTH**
CITY-ST-ZIP **TARPON SPRINGS FL**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Carson, Cathy**
STREET ADDRESS **40966 U.S. HWY 19 NORTH**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(1)(f), 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 and sworn to by me as an officer or director of the corporation or the receiver or receiver in possession of the corporation, as required by Chapter 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

Steven Heyman, Pres.
Steven Heyman, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 (936) 441-5136

CR2E034 (9/99)