

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K14888**

Entity Name

BREVARD VISION CENTER, INC.

Principal Place of Business

% MATTHEW H. VERNON
1285 SOUTH US #1
ROCKLEDGE FL 32955

Mailing Address

% MATTHEW H. VERNON
1285 SOUTH US #1
ROCKLEDGE FL 32955

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number

59-2874629

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VERNON, MATTHEW H.
1285 SOUTH US #1
ROCKLEDGE FL 32955

Name

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

City

FL

Zip Code

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

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

DATE

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, 2002 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

OFFICERS AND DIRECTORS

NAME STREET ADDRESS TY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D VERNON, MATTHEW H. 4945 PINEWOOD PLACE COCOA FL	<input type="checkbox"/>		
D VERNON, ELAINE D. 4945 PINEWOOD PLACE COCOA FL	<input type="checkbox"/>		
	<input type="checkbox"/>		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-02 321-631-2811

Date

Daytime Phone #

CR2E034 (9/01)