

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**  
 04-24-2001 90006 003 \*\*\*150.00

**DOCUMENT # N99000003568**

1. Entity Name

**ADVANCED EYE NETWORK, INC.**

Principal Place of Business

**2202 S BABCOCK ST. SUITE 204  
 MELBOURNE FL 32901**

Mailing Address

**2202 S BABCOCK ST. SUITE 204  
 MELBOURNE FL 32901**

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

**59-3634482**

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

**MULLINS, JAMES  
 2202 S BABCOCK ST, SUITE 204  
 MELBOURNE FL 32901**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHUMAKE, CHRISTOPHER S</b> <b>2202 SO BABCOCK ST SUITE 204</b> <b>MELBOURNE FL 32901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCMANNUS, JAMES N MD</b> <b>2202 SO BABCOCK ST SUITE 204</b> <b>MELBOURNE FL 32901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DD</b> <b>MANDESE, MICHEAL N OD</b> <b>2202 SO BABCOCK ST . SUITE 204</b> <b>MELBOURNE FL 32901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLLINS, DAN OD</b> <b>495 NO COURTNEY PKWY</b> <b>MERRITT ISLAND FL 32953</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARCIN, JOHN OD</b> <b>2330 NO WICKHAM RD</b> <b>MELBOURNE FL 32935</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

**SIGNATURE:** *Michael A. Mandese*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael A. Mandese*

**4-16-01 331-726-6864**

Date

Daytime Phone #

CR2E037 (10/00)