

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003568

1. Entity Name

ADVANCED EYE NETWORK, INC.

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90092 037 ****61.25

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

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

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
NAME **SHUMAKE, CHRISTOPHER S**
STREET ADDRESS **2202 SO BABCOCK ST SUITE 204**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Delete
NAME **MCMANNUS, JAMES N MD**
STREET ADDRESS **2202 SO BABCOCK ST SUITE 204**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **DD** ☐ Delete
NAME **MANDESE, MICHEAL N OD**
STREET ADDRESS **2202 SO BABCOCK ST SUITE 204**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Delete
NAME **COLLINS, DAN OD**
STREET ADDRESS **495 NO COURTNEY PKWY**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **D** ☐ Delete
NAME **MARCIN, JOHN OD**
STREET ADDRESS **2330 NO WICKHAM RD**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

Signature and Typed Name of Signing Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02

Date

Daytime Phone #

CR2E037 (9/01)