

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000676

## 1. Entity Name

RUSTON L. HESS, O.D.P.A.

## Principal Place of Business

501 PLAZA BLVD.  
DAYTONA BEACH FL 32118

## Mailing Address

501 PLAZA BLVD.  
DAYTONA BEACH FL 32118

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

## 4. FEI Number

59-3618168

Applied For  
Not Applicable

## 5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HESS, RUSTON L O.D.  
501 PLAZA BLVD.  
DAYTONA BEACH FL 32118

## 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 *R. Ruston Hess, O.D.*, President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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: **OP**  
NAME: HESS, O.D., RUSTON L  
STREET ADDRESS: 501 PLAZA BLVD  
CITY-ST-ZIP: DAYTONA BEACH FL 32118 DeleteTITLE: **OP**  
NAME: Hess, O.D., Ruston L  
STREET ADDRESS: 501 Plaza Blvd.  
CITY-ST-ZIP: Daytona Beach, FL 32118 Change  AdditionTITLE: **OP**  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
  
 Delete DeleteTITLE: **OP**  
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CITY-ST-ZIP:   
  
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 Delete DeleteTITLE: **OP**  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
  
 Change  Addition

13. 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: *Ruston L. Hess, O.D.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

386-677-8040

Date

Daytime Phone #

8982100  
AVFILED  
Mar 18, 2002 8:00 am  
Secretary of State

03-18-2002 90192 050 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)