



FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

03 MAY -5 PM 4:06

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000096977					
1. Entity Name VISION ONE EYECARE NETWORK, INC.					
Principal Place of Business 3820 S NOVA ROAD PORT ORANGE, FL 32127			Mailing Address 3820 S NOVA ROAD PORT ORANGE, FL 32127		
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 59-3677286				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAYNES, MICHAEL 3820 S NOVA ROAD PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
D HAYNES, MICHAEL 3820 S NOVA ROAD PORT ORANGE, FL 32127 <input type="checkbox"/> Delete			D HAYNES, MICHAEL 3820 S NOVA ROAD PORT ORANGE, FL 32127 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
D HAYNES, LORAIN 3820 S NOVA ROAD PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Delete			D HAYNES, LORAIN 3820 S NOVA ROAD PORT ORANGE, FL 32127 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 607, 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:  4/23/03 (380) 707-6803 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael L. Haynes Date Clerk of State					

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