

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90059 041 ***150.00

DOCUMENT # P01000107329

1. Entity Name

FAZIO EYE INSTITUTE, P.A.

Principal Place of Business

**5208 EAST FOWLER AVENUE
 SUITE B
 TEMPLE TERRACE FL 33617**

Mailing Address

**5208 EAST FOWLER AVENUE
 SUITE B
 TEMPLE TERRACE FL 33617**

2. Principal Place of Business

5208 East Fowler Avenue

3. Mailing Address

5208 East Fowler Avenue

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Temple Terrace, FL

City & State

Temple Terrace, FL

Zip

33617

Country

USA

Zip

33617

Country

USA

4. FEI Number

59-3755870

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI FL 33145**

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

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ Delete
 NAME **FAZIO, DIANE E**
 STREET ADDRESS **5208 EAST FOWLER AVENUE**
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **ERIC A. FAZIO**
 STREET ADDRESS **5208 E. FOWLER AVE, STE. B**
 CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **FAZIO, DIANE E**
 STREET ADDRESS **5208 EAST FOWLER AVENUE, SUITE B**
 CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02

Date

813-988-1163

Daytime Phone #

CR2E034 (9/01)