

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90169 003 \*\*\*158.75

0122166 AV

**DOCUMENT # P93000000369**

**1. Entity Name**  
**EYE DOCS INC. OF SUNTREE**



**Principal Place of Business**  
502 E. NEW HAVEN AVENUE  
MELBOURNE FL 32901  
US

**Mailing Address**  
502 E. NEW HAVEN AVENUE  
MELBOURNE FL 32901  
US

**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**  
**59-3169939**

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

FALLACE, JAMES H  
1900 SO HICKLERY ST  
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. I am familiar with, and accept the obligations of registered agent.**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE:** DP ☒ Delete  
**NAME:** WALDEN JOHN  
**STREET ADDRESS:** 502 E. NEW HAVEN AVENUE  
**CITY-ST-ZIP:** MELBOURNE FL

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

**TITLE:** DVT ☐ Delete  
**NAME:** ZORBIS, ANDREW  
**STREET ADDRESS:** 502 E NEW HAVEN AVE.  
**CITY-ST-ZIP:** MELBOURNE FL 32901

**TITLE:** D/V ☒ Change ☐ Addition  
**NAME:** ZORBIS, ANDREW  
**STREET ADDRESS:** 502 E. NEW HAVEN AVE.  
**CITY-ST-ZIP:** MELBOURNE, FL 32901

**TITLE:** DS ☐ Delete  
**NAME:** BROUSSARD, WILLIAM J  
**STREET ADDRESS:** 502 E NEW HAVEN AVE  
**CITY-ST-ZIP:** MELBOURNE FL 32901

**TITLE:** DP ☒ Change ☐ Addition  
**NAME:** BROUSSARD, William J.  
**STREET ADDRESS:** 502 E. NEW HAVEN AVE.  
**CITY-ST-ZIP:** MELBOURNE, FL 32901

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

**TITLE:** D/S/T ☐ Change ☒ Addition  
**NAME:** PAYLOR, RALPH R.  
**STREET ADDRESS:** 502 E. NEW HAVEN AVE.  
**CITY-ST-ZIP:** MELBOURNE, FL 32901

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

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

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

**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 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:**

*William J. Broussard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (321) 727-2020  
Date Daytime Phone #

CR2E034 (10/02)