

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000023594

1. Entity Name

REFOCUS, INC.

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90047 001 \*\*\*150.00

0054935

Principal Place of Business  
608 LONGMEADOW CIRCLE  
LONGWOOD FL 32779

Mailing Address  
608 LONGMEADOW CIRCLE  
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-5231467

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUNO, PAUL M  
608 LONGMEADOW CIRCLE  
LONGWOOD FL 32779

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 PAUL M. BRUNO <sup>PMB</sup>  
Signature, typed or printed name of registered agent and title if applicable.

Paul M. Bruno <sup>PMB</sup>  
(NOTE: Registered Agent signature required when reinstating)

APRIL 9, 2001 <sup>PMB</sup>  
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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, PAUL M 608 LONGMEADOW CIRCLE LONGWOOD FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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:

PAUL M. BRUNO Paul M. Bruno  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 9, 2001  
Date Daytime Phone #