

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062167

1. Entity Name

TAMPA EYE INSTRUMENTS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90141 029 ***150.00

Principal Place of Business

Mailing Address

1000 S. HARBOR ISLAND BLVD.
UNIT 2605
TAMPA FL 33602

1000 S. HARBOR ISLAND BLVD.
UNIT 2605
TAMPA FL 33602-5718

2. Principal Place of Business

2126 HARBOR VIEW DR.
Suite, Apt. #, etc.

3. Mailing Address

2126 HARBOR VIEW DR.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DUNEDIN FL

City & State

DUNEDIN FL

4. FEI Number

59-3345490

Applied For

Not Applicable

Zip

34698

Country

PINELLAS

Zip

34698

Country

PINELLAS

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

ROWSEY, J. JAMES M.D.
1000 S. HARBOR ISLAND BLVD.
UNIT 2605
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

2126 HARBOR VIEW DRIVE

City

DUNEDIN

FL

Zip Code

34698

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, 2000 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 PD ☐ Delete
NAME ROWSEY, J. JAMES
STREET ADDRESS 1000 S. HARBOR ISLAND BLVD., UNIT 2605
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 2126 HARBOR VIEW DRIVE
CITY-ST-ZIP DUNEDIN FL 34698

TITLE VD ☐ Delete
NAME FOURAKER, BRADLEY D M.D.
STREET ADDRESS 4905 BAYWAY
CITY-ST-ZIP TAMPA FL 33629

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

TITLE SD ☐ Delete
NAME ROWSEY, JUDITH
STREET ADDRESS 1000 S. HARBOR ISLAND BLVD., UNIT-2605
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 2126 HARBOR VIEW DRIVE
CITY-ST-ZIP DUNEDIN FL 34698

TITLE TD ☐ Delete
NAME FOURAKER, VICKI
STREET ADDRESS 4905 BAYWAY PLACE
CITY-ST-ZIP TAMPA FL 33609

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)