

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90001 045 ***150.00

00059507

DOCUMENT # P9500002325
1. Entity Name VISION MASTERS AND ASSOCIATES

Principal Place of Business 100 5TH AVENUE
 INDIANANTIC, FL 32903
Mailing Address

2. Principal Place of Business VISION MASTERS + ASSOC
 Suite, Apt. #, etc. 100 5TH AVE.
3. Mailing Address VISION MASTERS
 Suite, Apt. #, etc. 100 5TH AVE
City & State INDIANANTIC, FL
Zip 32903 **Country** BREVARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3348457 **Applied For** Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Name and Address of Current Registered Agent KERRY E. RODRIGUEZ
 906 GLENHAM DRIVE N.E.
 PALM BAY, FL 32905
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 _____ (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.
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. PRESIDENT OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KERRY E. RODRIGUEZ <input type="checkbox"/> Delete 906 GLENHAM DRIVE N.E. PALM BAY, FL 32905 PRESIDENT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. TREAS. VERONICA DUNCAN <input type="checkbox"/> Delete 1282 WILDROSE DRIVE, NE PALM BAY, FL 32905	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Veronica Duncan (VERONICA DUNCAN) **5-22-00 (321) 951-0010**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)