

**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 5<sup>TH</sup> AVENUE  
 INDIAN LANTIC, FL 32903  
**Mailing Address**

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

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3348457  
**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) \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. 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 WILD ROSE 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)