

2002 UNIFORM BUSINESS REPORT (UBR)

0317955 AV

DOCUMENT # **P96000014940**
 1. Entity Name
OPHTHALMIC TESTING SERVICES, INC.

FILED

02 MAY 20 AM 11:26

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1736 SW 2ND STREET 1736 SW 2ND STREET
 FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312
 US 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 **65-0642409** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BEEBE, CHRISTINE A
 1736 SW 2ND STREET
 FT. LAUDERDALE FL 33312

7. Name and Address of New Registered Agent
 Name **Robert McCauley**
 Street Address (P.O. Box Number is Not Acceptable) **1736 SW 2nd St**
Ft Lauderdale Fl
 City **FL** Zip Code **33312**

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 **Robert McCauley** **4-30-02**
Signature, Date and Title of Registered Agent and Filer (if applicable) (NOTE: Registered Agent signature required when constituted) (Date)

If corporation is eligible to satisfy its intangible filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	
TITLE: D NAME: BEEBE, CHRISTINE A STREET ADDRESS: 1730 W. LAS OLAS BLVD. CITY-STATE-ZIP: FT. LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Delete	
TITLE: D NAME: BEEBE, TIMOTHY B STREET ADDRESS: 1730 W. LAS OLAS BLVD CITY-STATE-ZIP: FT. LAUDERDALE FL 33312 <input checked="" type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: <input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: <input type="checkbox"/> Delete	
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: <input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (SEE 11)	
TITLE: Owner / President NAME: Robert McCauley STREET ADDRESS: 1736 SW 2nd St CITY-STATE-ZIP: Ft Lauderdale Fl 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
200005666112--5 -06/03/02--01091--017 ****150.00 ****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-STATE-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)(c), 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: **Robert McCauley** **4-30-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)

CP-2503-1 (04/01)