

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90088 002 ***150.00

DOCUMENT # P96000101844

1. Entity Name
OCCULOGIX CORPORATION

Principal Place of Business 7650 COURTNEY CAMPBELL CAUSEWAY SUITE 1120 TAMPA FL 33607	Mailing Address 7650 COURTNEY CAMPBELL CAUSEWAY SUITE 1120 TAMPA FL 33777-1527
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09047109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10950 72nd Street Suite, Apt. #, etc. Suite 105 City & State Largo, FL Zip 33777	Country Pinellas	3. Mailing Address 10950 72nd Street Suite, Apt. #, etc. Suite 105 City & State Largo, FL Zip 33777	Country Pinellas
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4. FEI Number 59-3434771	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DAVIS, ELIZABETH K ESQ
 7650 COURTNEY CAMPBELL CAUSEWAY
 SUITE 1120
 TAMPA FL 33607

7. Name and Address of New Registered Agent

Name Thomas P. McNamara, P.A.
Street Address (P.O. Box Number is Not Acceptable) 2909 Bay to Bay Boulevard Suite 309
City Tampa
FL Zip Code 33629

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

2/9/00

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	
TITLE D	<input type="checkbox"/> Delete
NAME DAVIS, RICHARD C JR	
STREET ADDRESS 7650 COURTNEY CAMPBELL CAUSEWAY STE 1120	
CITY-ST-ZIP TAMPA FL 33607	
TITLE VS	<input type="checkbox"/> Delete
NAME GONZALEZ, RAMON	
STREET ADDRESS 7650 COURTNEY CAMPBELL CAUSEWAY #1120	
CITY-ST-ZIP TAMPA FL 33607	
TITLE T	<input checked="" type="checkbox"/> Delete
NAME FIELDER, RICHARD L	
STREET ADDRESS 7650 COURTNEY CAMPBELL CAUSEWAY #1120	
CITY-ST-ZIP TAMPA FL 33607	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Davis, Richard C. Jr.	
STREET ADDRESS 10950 72nd Street, Suite 105	
CITY-ST-ZIP Largo, FL 33777	
TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Gonzalez, Ramon	
STREET ADDRESS 10950 72nd Street, Suite 105	
CITY-ST-ZIP Largo, FL 33777	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

2/22/00

727 545-7283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (9/99)