

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90027 046 ***150.00

DOCUMENT # P97000084712

1. Entity Name

TOTAL VISION ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**3820 NOVA ROAD
 PORT ORANGE FL 32127**

**3820 NOVA ROAD
 PORT ORANGE FL 32127-4949**

80005955



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3482966

Applied For

Not Applicable

Zip

Country

-Zip

Country

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

**HAYNES, MICHAEL L
 3820 NOVA ROAD
 PORT ORANGE FL 32127**

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

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 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

TITLE	DPT	<input type="checkbox"/> Delete
NAME	HAYNES, MICHAEL L	
STREET ADDRESS	3820 NOVA ROAD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	CADY, MICHAEL T	
STREET ADDRESS	3820 NOVA ROAD	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE	SDV	<input type="checkbox"/> Delete
NAME	STEPHENS, PHILIP L	
STREET ADDRESS	3820 NOVA ROAD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIMKO, JEFFREY	
STREET ADDRESS	3820 NOVA ROAD	
CITY-ST-ZIP	PORT ORANGE FL 32127	
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"/> 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		
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)(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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00
 Date

904 767-0068
 Daytime Phone #

CR2E034 (9/99)