

AMENDED

FILED

02 OCT 24 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000084712

1. Entity Name

Total Vision Associates, Inc.

**DO NOT WRITE IN THIS SPACE**2. Principal Place of Business  
3820 Nova Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Port Orange, FL

City &amp; State

4. FEI Number  
59-3482966Applied For  
Not ApplicableZip  
32127Country  
US

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**DO NOT WRITE  
IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name Michael L. Haynes

Street Address (P.O. Box Number is Not Acceptable)

3820 Nova Road

City Port Orange

FL Zip Code  
32127

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) ☐January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DPST  
Michael L. Haynes  
3820 Nova Road, Port Orange, FL 32127TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
600008568926  
10/24/02--01074--001 \*\*\*61.25TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**DO NOT WRITE  
IN THIS SPACE**

10/21/02

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Haynes

Date

10/21/02 (386) 788-5525

Daytime Phone #

CR2E034B (12/01)