

05-09-2002 90030 021 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000080837  
 1. Entity Name  
NEW VIEW LASER CENTER, INC.

850931

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>6068 Apopka Vineland Rd</u>		3. Mailing Address <u>6068 Apopka Vineland Rd.</u>	
Suite, Apt. #, etc. <u>Suite 10</u>		Suite, Apt. #, etc. <u>Suite 10</u>	
City & State <u>Orlando, FL</u>		City & State <u>Orlando, FL</u>	
Zip <u>32819</u>	Country <u>USA</u>	Zip <u>32819</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FFL Number <u>59-357211</u>		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name	<u>Urban, Peter</u>
Street Address (P.O. Box Number is Not Acceptable)	<u>6068 Apopka Vineland Rd.</u>
	<u>Suite 10</u>
City	<u>Orlando</u> <b>FL</b> Zip Code <u>32819</u>

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.

**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 State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>P</u>
NAME	<u>Urban, Peter</u>
STREET ADDRESS	<u>6068 Apopka Vineland Rd., Ste. 10</u>
CITY-ST-ZIP	<u>Orlando, FL 32819</u>
TITLE	<u>V</u>
NAME	<u>Urban, Brenda</u>
STREET ADDRESS	<u>6068 Apopka Vineland Rd., Ste. 10</u>
CITY-ST-ZIP	<u>Orlando, FL 32819</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Peter Urban **4/29/02** **407-248-2500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)