

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090580

1. Entity Name

ALL EYES HOME MANAGEMENT, INC.

FILED

Apr 20, 2000 8:00 am  
Secretary of State

04-20-2000 90101 006 \*\*\*150.00

Principal Place of Business

7512 SOUTH LEEWYNN DR  
SARASOTA FL 34240-9658

Mailing Address

7512 SOUTH LEEWYNN DR  
SARASOTA FL 34240-9658

2. Principal Place of Business

3. Mailing Address

5900 S. TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE I

City & State

City & State

SARASOTA FL

4. FEI Number

165-0952642

Applied For

Not Applicable

Zip

Country

Zip

Country

34231

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FONG, KATHLEEN M  
7512 SOUTH LEEWYNN DR  
SARASOTA FL 34240-9658

7. Name and Address of New Registered Agent

Name CATHERINE L. ASTROSKAS

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

5900 S. TAMiami TRAIL

SUITE I

City

SARASOTA, FL

FL

Zip Code

34231

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

Catherine L. Astronskas

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-15-00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FONG, KATHLEEN M	
STREET ADDRESS	7512 SOUTH LEEWYNN DR	
CITY-ST-ZIP	SARASOTA FL 34240-9658	
TITLE	D	<input type="checkbox"/> Delete
NAME	FONG, ROBERT T	
STREET ADDRESS	7512 SOUTH LEEWYNN DR	
CITY-ST-ZIP	SARASOTA FL 34240-9658	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

Kathleen Fong

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

941-378-8669

Daytime Phone #

CR2E034 (9/99)