

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90005 025 \*\*\*150.00

**DOCUMENT # P99000109902**

1. Entity Name  
**FAUST EYE CENTER, P.A.**

Principal Place of Business      Mailing Address  
**14727 CHOPINE PASS**      **14727 CHOPINE PASS**  
**ROANOKE IN 46783**      **ROANOKE IN 46783**

2. Principal Place of Business      3. Mailing Address  
**41 W. KALEY ST.**      **41 W. KALEY ST.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For  
**ORLANDO FL.**      **ORLANDO, FL**      **35-2092855**       Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional  
**32806**      **USA**      **32806**      **USA**       Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 employees.

SIGNATURE: \_\_\_\_\_ DATE: **4/11/00** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)