

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 332407

1. Entity Name

PALM BEACH OPTICAL SERVICE INC

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90084 018 \*\*\*150.00

Principal Place of Business	Mailing Address
2601 N FLAGLER DR STE 203 WEST PALM BEACH FL 33407 US	2601 N FLAGLER DR STE 203 WEST PALM BEACH FL 33401-3419 US

2. Principal Place of Business	3. Mailing Address
1411 N. Flagler Dr.	1411 N. Flagler Dr.
Suite, Apt. #, etc. Suite #7600	Suite, Apt. #, etc. Suite #7600

City & State	City & State
W. Palm Beach FL	West Palm Beach, FL
Zip	Zip
33401	33401
Country	Country
US	US



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1219899	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
FERNANDEZ, RENE G 2601 N FLAGLER DR STE 203 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1411 N. Flagler Dr.
Suite #7600
City
FL
Zip Code
33401

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 \_\_\_\_\_ (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	
TITLE	PD
NAME	STAMBAUGH, R J
STREET ADDRESS	2601 N FLAGLER DR #203
CITY-ST-ZIP	W. PALM BEACH FL 33407
TITLE	VPD
NAME	STAMBAUGH, CAROLYN
STREET ADDRESS	2601 N FLAGLER DR #203
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	STD
NAME	JURY, ELIZABETH A
STREET ADDRESS	2601 N FLAGLER DR #203
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	1411 N. Flagler Dr. #7600
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1411 N. Flagler Dr., #7600
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1411 N. Flagler Dr., #7600
CITY-ST-ZIP	West Palm Beach, FL 33401
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: R. J. Stambaugh, Pres.

561-659-2177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)