

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90080 003 \*\*\*550.00

0078091 AV

**DOCUMENT # 332407**

1. Entity Name

**PALM BEACH OPTICAL SERVICE INC**



Principal Place of Business

**1411 N. FLAGLER DR.  
STE 7600  
WEST PALM BEACH FL 33401  
US**

Mailing Address

**1411 N. FLAGLER DR.  
STE 7600  
WEST-PALM BEACH FL 33401  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1219899**

Applied For

Not Applicable

5. Certificate of Status-Desired

☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FERNANDEZ, RENE G  
1411 N. FLAGLER DR.  
STE 7600  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

**Nancy L. Shipley**

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

**Same**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Nancy L. Shipley, CEO**

**7/15/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **STAMBAUGH, R J**  
STREET ADDRESS **1411 N. FLAGLER DR. #7600**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VPD** ☒ Delete  
NAME **STAMBAUGH, CAROLYN**  
STREET ADDRESS **1411 N. FLAGLER DR. #7600**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **STD** ☒ Delete  
NAME **JURY, ELIZABETH A**  
STREET ADDRESS **1411 N. FLAGLER DR. #7600**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition  
NAME **Tom Coffman M.D.**  
STREET ADDRESS **2889 10th Ave N. #306**  
CITY-ST-ZIP **Lake Worth, FL. 33461**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Madonna Coffman**  
STREET ADDRESS **2889 10th Ave N. #306**  
CITY-ST-ZIP **Lake Worth, FL. 33461**

TITLE **DCEO** ☐ Change ☒ Addition  
NAME **Nancy L. Shipley**  
STREET ADDRESS **2889 10th Ave N. #306**  
CITY-ST-ZIP **Lake Worth, FL. 33461**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Nancy L. Shipley, CEO**

**7/15/03**

**561-964-0707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)