

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 409183

1. Entity Name

LENSWORLD, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90073 018 \*\*\*150.00

Principal Place of Business

Mailing Address

4399 35 ST N  
P O BOX 84000  
ST PETERSBURG FL 33784

4399 35 ST N  
P O BOX 84000  
ST PETERSBURG FL 33784-4000

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 **59-1981915**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAYNE, JOHN W.  
4399 35TH STREET NORTH.  
ST. PETERSBURG FL 33706

Name

**STANKIEWICZ, CY**

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

**4399 35TH STREET NORTH**

City

**ST. PETERSBURG**

**FL**

Zip Code

**33714**

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.  
(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 type="checkbox"/> Addition
	VS			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PAYNE, JEFFREY T.	7840 CAUSEWAY BLVD S	ST. PETERSBURG FL							
	D			<input checked="" type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PAYNE, JOHN W	68 DOLPHIN DRIVE	TREASURE ISLAND, FL00000							
	V...			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MOTTA, JOSEPH	512 JOHNS PASS AVE	MADEIRA BCH FL							
	PD			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PAYNE, J. SCOTT	14 BELLEVUE DR	TREASURE ISLAND, FL00000							
	VT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	STANKIEWICZ, CY	3804 46TH AVE. SOUTH	ST PETERSBURG, FL 00000							
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

**STANKIEWICZ, CY**

04/17/00

727-812-3008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/93