

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90059 049 ****70.00

DOCUMENT # 732493

1. Entity Name

SECOND SIGHT TAPING STUDIO, INC.

Principal Place of Business

2153 SE OCEAN BLVD
STUART FL 34996
US

Mailing Address

2153 SE OCEAN BLVD
STUART FL 34996-3305
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0177933

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

SARAH D TURNER

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

789 SW 31ST STREET

City

PALM CITY

FL

Zip Code

34990

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

Sarah D. Turner, Treas.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME WOOD, CARMELITA ☒ Delete
STREET ADDRESS 5863 GLEN EAGLE WAY
CITY-ST-ZIP STUART FL

TITLE D
NAME GIBBONS, FRANK ☐ Delete
STREET ADDRESS 7 F TURTLE CREEK DR
CITY-ST-ZIP TEQUESTA FL

TITLE ~~BOARD~~ PRESIDENT ☐ Delete
NAME O'NEILL, PHIL
STREET ADDRESS 1735 S.W. ST. ANDREWS DR.
CITY-ST-ZIP PALM CITY FL

TITLE T ☒ Delete
NAME ADAMS, JORDAN
STREET ADDRESS 3900 CHERI DRIVE
CITY-ST-ZIP JENSEN BEACH FL

TITLE DV ☐ Delete
NAME O'CONNELL, THOMAS
STREET ADDRESS 1843 SW FOXPOINT TR
CITY-ST-ZIP PALM CITY FL

TITLE DS ☐ Delete
NAME SANDERSON, FLORENCE
STREET ADDRESS 2173 S.W. SPOONBILL DR.
CITY-ST-ZIP PALM CITY FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME RICHARD HAUPT
STREET ADDRESS 126 LAKESHORE DR # 825
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME ESTELLE STEPHENSON
STREET ADDRESS 1873 SE VESTHAVEN CT
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE D ☒ Change ☐ Addition
NAME STAN NEIVERT
STREET ADDRESS 6122 SE GEORGETOWN PL
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE D ☐ Change ☒ Addition
NAME NATALIE MAGRODER
STREET ADDRESS 2501 SE PETIT LANE
CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE TREAS. ☐ Change ☒ Addition
NAME SARAH D TURNER
STREET ADDRESS 789 SW 31ST STREET
CITY-ST-ZIP PALM CITY, FL 34990

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 617, 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:

SARAH D TURNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/2000 (561) 288-2040