

# 2001 UNIFORM BUSINESS REPORT (UBR)

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  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TURNER, SARAH D  
789 SW 31ST STREET  
PALM CITY FL 34990

7. Name and Address of New Registered Agent

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

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 NAME STREET ADDRESS CITY-ST-ZIP	D HAUPT, RICHARD 126 LAKESHORE DR #825 STUART FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS, FRANK 7 F TURTLE CREEK DR TEQUESTA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'NEILL, PHIL 1735 S.W. ST. ANDREWS DR. PALM CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, SARAH D 789 SW 31ST STREET PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV O'CONNELL, THOMAS 1843 SW FOXPOINT TR PALM CITY FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANDERSON, FLORENCE 2173 S.W. SPOONBILL DR. PALM CITY FL	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIVIS HOUPT RICHARD 100 LAKESHORE DR. #1055 N. PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, ROBERTA 10000 S OCEAN DR. #1102 JENSEN BEACH, FL 34957	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, ESTELLE 1873 SE VESTHAVEN COURT PORT ST LUCIE, FL 34952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENTZ, RENEE 21845W SPOONBILL DR. PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90001 027 \*\*\*\*61.25

701130



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Jan 9, 2001 (561) 288-2040