

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**

02-18-2002 90134 019 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**51-0177933**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVS	<input type="checkbox"/> Delete
NAME	HAUPT, RICHARD	
STREET ADDRESS	100 LAKESHORE DR #1055	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACK, ROBERTA	
STREET ADDRESS	10000 S OCEAN DR #1102	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	O'NEILL, PHIL	
STREET ADDRESS	1735 S.W. ST. ANDREWS DR.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TURNER, SARAH D	
STREET ADDRESS	789 SW 31ST STREET	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STEPHENSON, ESTELLE	
STREET ADDRESS	1873 VESTHAVEN COURT	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WENTZ, RENEE	
STREET ADDRESS	21845 SW SPOONBILL DR	
CITY-ST-ZIP	PALM CITY FL 34990	

TITLE	D PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN GRANT, JOHN	
STREET ADDRESS	1194 LIGHTHOUSE DR.	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRODER, NATALIE	
STREET ADDRESS	2501 SE PETIT LANE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HLIPFEL, RICHARD G.	
STREET ADDRESS	656 SW OVERLOOK DR.	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKAY, FLORENCE	
STREET ADDRESS	2173 SPOONBILL DR	
CITY-ST-ZIP	PALM CITY, FL 34990	
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		

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

Date

561-283-6372

Daytime Phone #

CR2E037 (9/01)