

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90310 021 ****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

☐ CHECK HERE IF MAKING CHANGES



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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DVS**
STREET ADDRESS **HAUPT, RICHARD**
CITY-ST-ZIP **100 LAKESHORE DR #1055
NORTH PALM BEACH FL 33408**

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **GRANT, JJOHN**
CITY-ST-ZIP **1194 LIGHTHOUSE DR
PALM CITY FL 34990**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MC GRODER, NATALIE**
CITY-ST-ZIP **2501 SE PETIT LANE
PORT SAINT LUCIE FL 34952**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **TURNER, SARAH D**
CITY-ST-ZIP **789 SW 31ST STREET
PALM CITY FL 34990**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **STEPHENSON, ESTELLE**
CITY-ST-ZIP **1873 VESTHAVEN COURT
PORT SAINT LUCIE FL 34952**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **WENTZ, RENEE**
CITY-ST-ZIP **21845 SW SPOONBILL DR
PALM CITY FL 34990**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Chris Rankin, Chris**
CITY-ST-ZIP **5478 N.W. Combo Court
Port St. Lucie, FL 34986**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Marohnic, James**
CITY-ST-ZIP **3452 S.W. Bobalink Way
Palm City, FL 34990**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Banks, Ron**
CITY-ST-ZIP **1724 N.W. Britt Rd.
Stuart, FL 34994**

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 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

1/27/03 (772) 288-2040
Date Daytime Phone #

CR2E037 (10/02)