

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90128 040 ***150.00

DOCUMENT # F15129

1. Entity Name

EYE & EAR SALES & SERVICE CO.

Principal Place of Business

540 SOUTHEAST 15TH AVENUE
BOYNTON BEACH FL 33435

Mailing Address

540 SOUTHEAST 15TH AVENUE
BOYNTON BEACH FL 33435-6033

2. Principal Place of Business

540 E. Woolbright Rd.

Suite, Apt. #, etc.

3. Mailing Address

540 E. Woolbright Rd.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

59-2411457

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~RAGEO, RAYMOND D~~ Wrong spelling →
3601 W COMMERCIAL BLVD
#22
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **DiRocco, Raymond**
Street Address (P.O. Box Number is Not Acceptable)
3601 W. Commercial Blvd.
Suite 22
City **Fort Lauderdale** **FL** Zip Code **33309**

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

TITLE	TSD	<input type="checkbox"/> Delete
NAME	BONIDY, THOMAS	
STREET ADDRESS	547 LIBERTY AVE	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BONIDY, ANTHONY	
STREET ADDRESS	547 LIBERTY AVE	
CITY-ST-ZIP	PITTSBURGH PA 15222	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Thomas Bonidy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/00 561-734-297