

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
 04-02-2001 90274 014 ***150.00

0063739

DOCUMENT # G65508

1. Entity Name

SCHWARTZ ELECTRO-OPTICS, INC.

Principal Place of Business
3404 N. ORANGE BLOSSOM TR.
ORLANDO FL 32804

Mailing Address
3404 N. ORANGE BLOSSOM TR.
ORLANDO FL 32804

818687



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2360587**

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

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

City

FL

Zip Code

SCHWARTZ, W.C.
3404 N. ORANGE BLOSSOM TR.
ORLANDO FL 32804

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
AST
ANDERSON, ALBERT P
103 BLACK CHERRY CT
WINTER SPRINGS FL 32708 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
SELLERS, JAMES M
106 PLEASANT BOULEVARD
TORONTO CA ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
Sellers, James M.
500 Melrose Avenue
Winter Park, FL 32789 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
KELLEY, DARRELL
1018 TEMPLE GROVE
WINTER PARK FL 32789 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
WARD, HAROLD A., III
2150 FAWSETT ROAD
WINTER PARK FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
S
Ward, Harold A. III
2150 Fawsett Road
Winter Park, FL ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
WANGLER, RICHARD J
2450 DERBYSHIRE RD
MATTLAND FL 32751 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPC
SCHWARTZ, WILLIAM C
500 MELROSE AVENUE
WINTER PARK FL 32789 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
Swartz, Patricia
500 Melrose St.
Winter Park, FL 32789 ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01

Date

407-298-1802

Daytime Phone #

CR2E034 (10/00)