

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90115 031 ***150.00

DOCUMENT # G65508

1. Entity Name
SCHWARTZ ELECTRO-OPTICS, INC.



Principal Place of Business
**8357 SOUTH PARK CIRCLE
BLDG 500
ORLANDO FL 32819**

Mailing Address
**8357 SOUTH PARK CIRCLE
BLDG 500
ORLANDO FL 32819**

22001918



2. Principal Place of Business
8337 South Park Circle

3. Mailing Address
8337 South Park Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number **59-2360587**

Applied For
☐ Not Applicable

Zip
32819

Country
USA

Zip
32819

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAY, HARRIS & ROBINSON, P.A.
301 E. PINE ST.
STE. 1400
ORLANDO FL 32801**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AST
AMICI, CARMEN A
404 ABBEYRIDGE CT
OCOE FL 34761** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Jeffrey A. Saunders
1420 Bonnie Burn Circle
Winter Park, FL 32789** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SELLERS, JAMES M
322 E CENTRAL BLVD 1602
ORLANDO FL 32801** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
John Pitts
8920 Magnolia Chase Circle
Tampa, FL 33647** ☐ 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
**Treasurer
David Whitaker
3221 White Ibis Ct.
Punta Gorda, FL 33950** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Marcia Mott
7296 Hawksnest Blvd.
Orlando, FL 32835** ☐ 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
**Director
Schwartz, Patricia
500 Melrose Ave.
Winter Park, FL 32789** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SWARTZ, PATRICIA
500 MELROSE STREET
WINTER PARK FL 32789** ☐ Delete

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 607, 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: **Jeffrey A. Saunders, President 1-22-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (407) 298-1802, ext. 160 Daytime Phone #

CR2E034 (10/02)