

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J42209

1. Entity Name

SIGHT 'N STYLE, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90166 041 \*\*\*150.00

Principal Place of Business

590 DUNDAS DR.  
JACKSONVILLE FL 32218

Mailing Address

590 DUNDAS DR.  
JACKSONVILLE FL 32218-5594

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

59-2736159

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

ELEFANT, FRED  
1650 PRUDENTIAL DR., SUITE #105  
JACKSONVILLE FL 32207

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

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 **\$5.00** May Be  
Trust Fund Contribution ☐ Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1999	
NAME	TITLE	NAME	TITLE
DIETRICK, JUDY 590 DUNDAS DR JACKSONVILLE FL	DP <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
DEITRICK, JOHN 590 DUNDAS DRIVE JACKSONVILLE FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Judy R. Dietrick*  
JUDY R. DIETRICK

5/1/00  
Date

904-751-2445  
Daytime Phone #