

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034733

1. Entity Name

SIGHT EFFECTS, INCORPORATED

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90082 021 \*\*\*158.75

Principal Place of Business

Mailing Address

RR3 BOX 1756  
BONIFAY FL 32425

RR3 BOX 1756  
BONIFAY FL 32425-9803

2. Principal Place of Business

3. Mailing Address

2386 Henry Gray Road

2386 Henry Gray Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonifay, FL

City & State

Bonifay, FL

4. FEI Number

59-3328501

Applied For

Not Applicable

Zip

32425

Country

USA

Zip

32425

Country

USA

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

PRESCOTT, SONJA F  
ROUTE 3, BOX 1756  
BONIFAY FL 32425

Name

Prescott, Sonja F. (same)

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

2386 Henry Gray Road

City

Bonifay

FL

Zip Code

32425

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PS  
PRESCOTT, SONJA F  
ROUTE 3, BOX 1756  
BONIFAY FL 32425 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2386 Henry Gray Road ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1VP  
POWELL, OWEN N.  
201 N.J.H. ETHERIDGE ST.  
BONIFAY FL 32425 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VP  
PRESCOTT, CECIL KYLE  
RR 1 BOX 365  
BONIFAY FL 32425 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1590 S Chance Road ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2VP  
PRESCOTT, JULIAN KEITH  
RR 3 BOX 1756  
BONIFAY FL 32425 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2386 Henry Gray Road ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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: *Sonja F. Prescott* Sonja F Prescott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

042600

Date

850-638-7000 ext 102

Daytime Phone #

CR2E034 (9/99)