

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90076 017 ***150.00

DOCUMENT # P96000098285

1. Entity Name
PRIVATE EYES OPTICS OF DEERFIELD, INC.



Principal Place of Business
230 S. POWERLINE ROAD
1
DEERFIELD BEACH FL 33064
US

Mailing Address
230 S. POWERLINE ROAD
1
DEERFIELD BEACH FL 33064
US



2. Principal Place of Business
Same
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0713916**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

RHODA, RICCO DIEGO
4280 NW 1ST TERR
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name *Beth Jo McCullom*
Street Address (P.O. Box Number is Not Acceptable)
4280 NW 1st Terr
City *Pompano Beach* **FL** **Zip Code** *33064*

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 of registered agent 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

TITLE	P	<input type="checkbox"/> Delete
NAME	RHODA, RICCO DIEGO	
STREET ADDRESS	4280 NW 1ST TERR	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCCULLOM, HELLEN W	
STREET ADDRESS	4280 NW 1ST TERR	
CITY-ST-ZIP	POMPANO BEACH FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beth Jo McCullom	
STREET ADDRESS	4280 NW 1ST Terr	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ricco D Rhoda	
STREET ADDRESS	4280 NW 1ST Terr	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hellen W M Rhoda	
STREET ADDRESS	4280 NW 1ST Terr	
CITY-ST-ZIP	Pompano Beach FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-427-2133

CR2E034 (10/02)