

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 476849

1. Entity Name

KOSH OPHTHALMIC, INC.

Principal Place of Business

2901 W. MCNAB ROAD
POMPAO BCH FL 33069
US

Mailing Address

2901 W. MCNAB ROAD
POMPAO BCH FL 33069
US

2. Principal Place of Business

3. Mailing Address

2400 118th Ave. No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: G. WALSH

City & State

City & State

ST PETERSBURG FL

Zip

Country

Zip

Country

33716 USA

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KOSH, JEFFREY S.	
STREET ADDRESS	2901 W. MCNAB ROAD	
CITY-ST-ZIP	POMPAO BCH FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	POINTER, ANN E	
STREET ADDRESS	2400 118TH AVENUE N	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KOSH, STUART	
STREET ADDRESS	2901 W. MCNAB RD.	
CITY-ST-ZIP	POMPAO BEACH FL 33069	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DENDLE, MARK	
STREET ADDRESS	13515 N. STEMMONS FRWY.	
CITY-ST-ZIP	DALLAS TX 75234	
TITLE	D	<input type="checkbox"/> Delete
NAME	PADDISON, CHRIS	
STREET ADDRESS	13515 N. STEMMONS FRWY.	
CITY-ST-ZIP	DALLAS TX 75234	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAGNIERES, HUBERT	
STREET ADDRESS	13515 N. STEMMONS FRWY.	
CITY-ST-ZIP	DALLAS TX 75234	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PADDISON, CHRIS	
STREET ADDRESS	13515 N. STEMMONS FRWY.	
CITY-ST-ZIP	DALLAS TX 75234	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILAN, DAVID	
STREET ADDRESS	13515 N. STEMMONS FRWY.	
CITY-ST-ZIP	DALLAS TX 75234	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSH, GRETCHE	
STREET ADDRESS	2400 118TH AVENUE NO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RISMILLER, KATHY	
STREET ADDRESS	2400 118th Avenue No.	
CITY-ST-ZIP	St. Petersburg FL 33716	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

GRETCHEN WALSH 4/3/01 727-572-0844

Date

Daytime Phone #

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90066 033 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1609251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0135526