

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758323

CK# 1118  
11/30/02

Entity Name

NATIONAL EXAMINING BOARD OF OCULARISTS, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90154 025 \*\*\*\*61.25

Principal Place of Business

25 FIRST AVENUE  
SUITE 220  
CORALVILLE IA 52241-2101

Mailing Address

625 FIRST AVENUE  
SUITE 220  
CORALVILLE IA 52241-2101

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2125778

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

WYATT, DAVID R  
% L&B LABORATORIES, INC.  
3403 POWERLINE RD., STE. 806  
FT. LAUDERDALE FL 33309

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME JOHN J. KELLY  
STREET ADDRESS 101 W. READ STREET STE 817  
CITY-STATE-ZIP BALTIMORE MD 21201 ☐ Delete

TITLE VCPD  
NAME JOHNSON, WALTER  
STREET ADDRESS 14 INVERNESS DRIVE EAST-BLDG D #146  
CITY-STATE-ZIP ENGLEWOOD CO 80112 ☒ Delete

TITLE TD  
NAME HILL, GARY  
STREET ADDRESS 5225 OVERBROOK  
CITY-STATE-ZIP SACRAMENTO CA 95841 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

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

TITLE ANGELA COTTON  
NAME 505 MEDLOCK RD  
STREET ADDRESS DECATUR, GA 30030  
CITY-STATE-ZIP VCPD ☒ Change ☐ Addition

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

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

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

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

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 617, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30/02 916-344-6565

CR2E037 (9/01)