

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90037 047 ****61.25

DOCUMENT # N27465

(6)

1. Entity Name

35-0 OPTOMETRIC ASSISTANT PROGRAM, INC.

Principal Place of Business

Mailing Address

590 E. Summerlin St.
 Bartow FL 33830
 USA

P.O. Box 24373
 Lakeland FL 33809
 USA

2. Principal Place of Business

4444 U.S. Hwy 98 North
 Suite, Apt. #, etc.,
 #296

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lakeland Florida

City & State

4. FEI Number

59-2898567

Applied For

Not Applicable

Zip

33809

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Thomas R. Reed
 4444 U.S. Hwy 98 North #296
 Lakeland FL 33809

7. Name and Address of New Registered Agent

Name

Thomas R. Reed

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

4444 U.S. Hwy 98 North #296

City

Lakeland

FL

Zip Code

33809

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 Thomas R. Reed

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 18, 2000

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

TITLE ☐ Delete
 NAME President
 STREET ADDRESS Thomas R. Reed
 CITY-ST-ZIP 4444 U.S. Hwy 98 North #296
 Lakeland Florida 33809

TITLE ☐ Delete
 NAME Secretary
 STREET ADDRESS Thomas E. Gretencord
 CITY-ST-ZIP 485 S. Seminole
 Lake Alfred Florida 33850

TITLE ☐ Delete
 NAME Vice Chairman
 STREET ADDRESS Hardy Albury
 CITY-ST-ZIP 1053 Clearview Avenue
 Lakeland, Florida 33801

TITLE ☐ Delete
 NAME Treasurer
 STREET ADDRESS Earl A. Wood
 CITY-ST-ZIP 408 Shoal Lane
 Winter Haven Florida 33884

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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 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: Earl A. Wood
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 2000
 Date

Daytime Phone #

CR2E037 (9/99)