

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90399 045 ****61.25

DOCUMENT # N27465

1. Entity Name

35-0 OPTOMETRIC ASSISTANT PROGRAM, INC.

Principal Place of Business

Mailing Address

4444 US HWY 98 N
SUITE 296
LAKELAND FL 33809
US

P O BOX 24373
LAKELAND FL 33809
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2898567

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRETONCORD, TOM
4444 US HWY 98 NORTH #296
LAKELAND FL 33809

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

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 DC
NAME REED, THOMAS R
STREET ADDRESS 4444 US HWY 98 N, #296
CITY-ST-ZIP LAKELAND FL 33809

TITLE DC
NAME F. ALICE WALKER
STREET ADDRESS 1416 GLENDALE STREET
CITY-ST-ZIP LAKELAND FL 33803

TITLE TD
NAME MARCHMAN, MICHAEL J
STREET ADDRESS 1625 WALLACE AVE
CITY-ST-ZIP BARTOW FL

TITLE TD
NAME EARL A. WOOD
STREET ADDRESS 4085 HOAL LANE
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE SD
NAME GRETONCORD, TOM
STREET ADDRESS 485 S SEMINOLE
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE SD
NAME TOM GRETONCORD
STREET ADDRESS 485 S SEMINOLE
CITY-ST-ZIP LAKE ALFRED FL 33850

TITLE VD
NAME ALBURY, HARDY R
STREET ADDRESS 1053 CLEARVIEW AVE
CITY-ST-ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

4/10/01 (863) 324-4534
Date Daytime Phone #

CR2E037 (10/00)