

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27465

1. Entity Name

35-0 OPTOMETRIC ASSISTANT PROGRAM, INC.

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90080 033 \*\*\*\*\*61.25

0044388

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

3225 Winter Lake Rd.

Suite, Apt. #, etc.

3. Mailing Address

3225 Winter Lake Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Lakeland, FL

City & State  
Lakeland, FL

4. FEI Number  
59-2898567

Applied For  
Not Applicable

Zip  
33803

Country  
USA

Zip  
33803

Country  
USA

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)  
88 Winter Ridge Rd.

City  
Winter Haven

FL

Zip Code  
33881

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

*F. Alice Walker, Pres.*

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DC  
WALKER, F A  
1416 GLENDALE STREET  
LAKELAND FL 33803 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
WOOD, EARL A  
408 SHOAL LANE  
WINTER HAVEN FL 33884 ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
Gretencord, Tom  
88 Winter Ridge Rd.  
Winter Haven, FL 33881 ☐ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*F. Alice Walker* 3/5/02 863-623-8514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)