

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90054 017 ****61.25

DOCUMENT # N27465

1. Entity Name
35-0 OPTOMETRIC ASSISTANT PROGRAM, INC.



Principal Place of Business
**3225 WINTER LAKE ROAD
LAKELAND FL 33803
US**

Mailing Address
**3225 WINTER LAKE ROAD
LAKELAND FL 33803
US**

2. Principal Place of Business

3. Mailing Address
P.O. Box 24373

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKELAND, FL

4. FEI Number **59-2898567**

Applied For
Not Applicable

Zip

Country

Zip
33802-2473

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

**GRETENCORD, TOM
88 WINTER RIDGE ROAD
WINTER HAVEN FL 33881**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **TD** ☒ Change ☐ Addition
NAME **GRETENCORD, TOM**
STREET ADDRESS **88 WINTER RIDGE ROAD**
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE **SD** ☐ Delete
NAME **GRETENCORD, TOM**
STREET ADDRESS **88 WINTER RIDGE ROAD**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **SD** ☒ Change ☐ Addition
NAME **MARILYN ANDERSON**
STREET ADDRESS **250 E COLUMBIA**
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

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

TITLE **V** ☐ Change ☐ Addition
NAME **JOHN FIERRO**
STREET ADDRESS **PO BOX 430**
CITY-ST-ZIP **WINTER HAVEN, FL 33882**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **THOMAS GRETENCORD**

Sep 18 03 863-401-3113

CR2E037 (10/02)