

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90149 001 ***300.00

DOCUMENT # P01000066127

1. Entity Name

RETINA PROPERTIES, INC.

Principal Place of Business

**508 S. HABANA AVE., STE. 120
TAMPA FL 33609**

Mailing Address

**508 S. HABANA AVE., STE. 120
TAMPA FL 33609**

2. Principal Place of Business

602 South MacDill Ave

Suite, Apt. #, etc.

3. Mailing Address

602 South MacDill Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3735212

Applied For

Not Applicable

Zip

Country

33609 USA

Zip

Country

33609-4614 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GRIZZARD, W. SANDERSON
508 S. HABANA AVE., STE. 120
TAMPA FL 33609**

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **GRIZZARD, W. SANDERSON**
STREET ADDRESS **602 South MacDill Ave.**
CITY-ST-ZIP **Tampa, FL, 33609-4614**

TITLE **TS** ☐ Delete
NAME **HAMMER, MARK E.**
STREET ADDRESS **602 South MacDill Ave.**
CITY-ST-ZIP **Tampa, FL 33609-4614**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W.S. GRIZZARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/02
Date

813-875-6373
Daytime Phone #

CR2E034 (9/01)