

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90016 017 ***150.00

A0042984

DO NOT WRITE IN THIS SPACE

DOCUMENT # VO3989

1. Entity Name

OPTOMETRIC CONSULTANTS OF FLORIDA, P.A.

Principal Place of Business

701 N. CONGRESS AVE.
BOYNTON BEACH, FL 33426

Mailing Address

7360 BRYAN DAIRY RD
STE 200
LARGO, FL 33777

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

4700 NW 96TH DRIVE
Suite, Apt. #, etc.

City & State

City & State

CORAL SPRINGS, FL

4. FEI Number

65-0300160

Applied For

Not Applicable

Zip

Country

Zip

Country

33076

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DARRELL
101 E. KENNEDY BLVD
STE. 200
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

JAMES R. CERNY OD

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

C/O CARUSO & CARUSO

6971 N. FEDERAL HWY #300

City

BOCA RATON

FL

Zip Code

33487

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

James R. Cerny

PRESIDENT

3-30-01

(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, 2001 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 DIRECTOR ☒ Delete
NAME GILLETTE, THEODORE
STREET ADDRESS 7360 BRYAN DAIRY RD. #200
CITY-ST-ZIP LARGO, FL 33777

TITLE VICE PRES., SECRET., TREAS ☒ Delete
NAME SMITH, PAUL
STREET ADDRESS 7360 BRYAN DAIRY RD #200
CITY-ST-ZIP LARGO, FL 33777

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 PRESIDENT, SECR, DIRECTOR ☐ Change ☒ Addition
NAME JAMES R. CERNY OD
STREET ADDRESS 6971 N. FEDERAL HWY #300
CITY-ST-ZIP BOCA RATON, FL 33487

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

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

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:

James R. Cerny

JAMES R. CERNY, OD Pres.

3-30-01 954-234-0926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)