

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V64650**

1. Entity Name
OPTICAL ELECTRO FORMING, INC.

Principal Place of Business
**13100 56TH CT
SUITE 704
CLEARWATER FL 34620
US**

2. Principal Place of Business
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**GROSS, THOMAS M
13100 56TH CT
SUITE 704
CLEARWATER FL 34620**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **PC** ☐ Delete
NAME **GROSS, THOMAS**
STREET ADDRESS **1713 EAGLE TRACE BLVD**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **TD** ☐ Delete
NAME **COUGHUYENTOHNU, NHUHOA**
STREET ADDRESS **1713 EAGLE TRACE BLVD**
CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE **S** ☒ Delete
NAME **MORTENSEN-REED, BRENDA**
STREET ADDRESS **3250 SAN MATEO ST**
CITY-ST-ZIP **CLEARWATER FL 33759**

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 **PCS** ☒ Change ☐ Addition
NAME **Gross, Thomas**
STREET ADDRESS **1713 Eagle Trace Blvd**
CITY-ST-ZIP **Palm Harbor FL 34685**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: Brenda Mortensen-Reed **Brenda Mortensen-Reed** 1/4/02 727-572-8142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90004 022 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)