

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90023 027 ****70.00

DOCUMENT # N97000005103
 1. Entity Name
DOWNTOWN VISION, INC.

Principal Place of Business 214 N. HOGAN ST., #120 JACKSONVILLE FL 32202	Mailing Address 214 N. HOGAN ST., #120 JACKSONVILLE FL 32202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3473060	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LORINCE, THERESA C
214 N. HOGAN ST., #120
JACKSONVILLE FL 32202

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: *Theresa C Lorince* DATE: *1/15/02*
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, JOHN M JR. 200 LAURA STREET, THIRD FLOOR JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELL, MICHAEL B 121 W FORSYTH ST, STE 100 JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, MICHAEL 301 W. BAY STREET, STE 300 JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, P. JEREMY 9540 SAN JOSE BLVD. JACKSONVILLE FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORINCE, THERESA C 214 N. HOGAN ST., #120 JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Theresa C Lorince*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *1/17/02* DAYTIME PHONE #: *904.234.0303*

CR2E037 (9/01)