

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
Feb 12, 2001 8:00 am  
Secretary of State

01-29-2001 90023 032 \*\*\*150.00

**DOCUMENT # 358744**

1. Entity Name

**SAFE-LITE OPTICAL CO., INC.**

Principal Place of Business

Mailing Address

**2229 VINSON LANE  
JACKSONVILLE FL 32207**

**P.O. BOX 48250  
JACKSONVILLE FL 32247**

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 **59-1284177**

Applied For  
Not Applicable

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

**STOKES, DEBORAH L  
11859 ACOSTA RD  
JACKSONVILLE FL 32223**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>T</b>	<b>STOKES, DEBORAH L</b>	<b>11859 ACOSTA ROAD JACKSONVILLE FL 32223</b>	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>VP</b>	<b>STOKES, RAYMOND D.</b>	<b>1450 OTOES PLACE JACKSONVILLE FL 32259</b>	<input type="checkbox"/> Delete			<b>3500 Coastal Highway ST AUGUSTINE, FL 32084</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>P</b>	<b>STOKES, GERVAISE</b>	<b>1450 OTOES PLACE JACKSONVILLE FL 32259</b>	<input type="checkbox"/> Delete			<b>3500 Coastal Highway ST AUGUSTINE, FL 32084</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>S</b>	<b>STOKES, KAREN D</b>	<b>652 HUMMINGBIRD COURT JACKSONVILLE FL 32259</b>	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/01 (904) 399 3690 x 230**

Date

Daytime Phone #

CR2E034 (10/00)