

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**  
 04-27-2000 90116 025 \*\*\*150.00

**DOCUMENT # J15191**

1. Entity Name  
**MAYFAIR OPTICIANS, INC.**

Principal Place of Business	Mailing Address
PAUL S. LOCKERMAN ARLINGTON EXPRESSWAY JACKSONVILLE FL 32225	% PAUL S. LOCKERMAN 9430 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32225-8231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2694771</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOCKERMAN, PAUL S. 9430 ARLINGTON EXPRESSWAY JACKSONVILLE FL 32225		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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD LOCKERMAN, PAUL S. <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKERMAN, PAUL S.	NAME	
STREET ADDRESS	9501 ARLINGTON EXP #57	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	D LOCKERMAN, LYDIA W. <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKERMAN, LYDIA W.	NAME	
STREET ADDRESS	9501 ARLINGTON EXP #57	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Daniel-L. Lockerman
STREET ADDRESS		STREET ADDRESS	9501 Arlington Expressway #57
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	<input type="checkbox"/> Delete	TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	David M. Lockerman
STREET ADDRESS		STREET ADDRESS	9501 Arlington Expressway #57
CITY-ST-ZIP		CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Lydia W. Lockerman* Lydia W. Lockerman, Pres. **4-20-00** **904-725-3585**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)