

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J15191

1. Entity Name

MAYFAIR OPTICIANS, INC.

**FILED**  
Mar 06, 2002 8:00 am  
Secretary of State

03-06-2002 90002 030 \*\*\*150.00

0030395 AV

Principal Place of Business

% PAUL S. LOCKERMAN  
9430 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32225

Mailing Address

% PAUL S. LOCKERMAN  
9430 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32225



2. Principal Place of Business

3. Mailing Address

9430 ARLINGTON EXP. 9430 ARL. EXPRESSWAY  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

4. FEI Number

59-2694771

Applied For

Not Applicable

Zip

Country

32225

Zip

Country

32225

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOCKERMAN, PAUL S.  
9430 ARLINGTON EXPRESSWAY  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

DANIEL L. LOCKERMAN

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

9430 ARLINGTON EXPRESSWAY

JACKSONVILLE FLORIDA

City

JACKSONVILLE

FL

Zip Code

32225

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]*  
Signature, typed or printed name of registered agent and title if applicable.

Daniel L. Lockerman V.P.

(NOTE: Registered Agent signature required when reinstating)

12-17-01

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, 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	PD	LOCKERMAN, PAUL S.	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		9501 ARLINGTON EXP #57	
CITY-ST-ZIP		JACKSONVILLE FL	
TITLE	PD	LOCKERMAN, LYDIA W.	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		9501 ARLINGTON EXP #57	
CITY-ST-ZIP		JACKSONVILLE FL	
TITLE	VP	LOCKERMAN, DANIEL L	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		9501 ARLINGTON EXPRESSWAY #57	
CITY-ST-ZIP		JACKSONVILLE FL 32225	
TITLE	ST	LOCKERMAN, DAVID M	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		9501 ARLINGTON EXPRESSWAY # 57	
CITY-ST-ZIP		JACKSONVILLE FL 32225	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	DAVID M. LOCKERMAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS		2020 SO. 3RD STREET	
CITY-ST-ZIP		JACKSONVILLE BCH, FLORIDA - 32250	
TITLE	VP	DANIEL L. LOCKERMAN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		9430 ARLINGTON EXPRESSWAY	
CITY-ST-ZIP		JACKSONVILLE, FLORIDA - 32225	
TITLE	ST	JONATHAN P. LOCKERMAN	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		9430 ARLINGTON EXPRESSWAY	
CITY-ST-ZIP		JACKSONVILLE FLORIDA - 32225	
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 another, or otherwise empowered.

SIGNATURE:

*[Signature]* Daniel L. Lockerman V.P.  
12-17-01 904-725-3585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)