

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90376 037 \*\*\*150.00

**DOCUMENT # J68056**

1. Entity Name

**FIRST COAST EYE CARE, P. VERNON JONES, M.D., P.A**

Principal Place of Business

**1550 RIVERSIDE AVE.  
 JACKSONVILLE FL 32204**

Mailing Address

**1550 RIVERSIDE AVE.  
 JACKSONVILLE FL 32204**

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 **59-2795152**

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

**COLD, KATHLEEN, HOLBROOK  
 2301 INDEPENDENT SQUARE  
 JACKSONVILLE FL 32202**

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]*

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

**4-20-02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**  
 NAME **JONES, P. VERNON**  
 STREET ADDRESS **1550 RIVERSIDE AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

☐ Delete

TITLE **S**  
 NAME **JONES, JOY, G**  
 STREET ADDRESS **1550 RIVERSIDE AVE**  
 CITY-ST-ZIP **JACKSONVILLE FL**

☐ Delete

NAME  
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☐ Change ☐ 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/02 904 3552654**

Date

Daytime Phone #

0021623 AV

CR2E034 (9/01)