

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K59072

1. Entity Name

J & S OPTICAL, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90994 039 ***150.00

Principal Place of Business

Mailing Address

% JACK STRICKLAND
704 ROSSELLE ST
JACKSONVILLE FL 32204

% JACK STRICKLAND
704 ROSSELLE ST
JACKSONVILLE FL 32204-2332

2. Principal Place of Business

3. Mailing Address

803 PRICE ST

803 PRICE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip 32204

Country US

Zip 32204

Country US

4. FEI Number

59-2927737

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

CARLSON, DONALD WALTER
704 ROSSELLE ST
JACKSONVILLE FL 32204

Name

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

803 PRICE ST

City

Jacksonville

FL

Zip Code

32204

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, 2000 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 P
NAME CARLSON, DONALD WALTER
STREET ADDRESS 704 ROSSELLE ST
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 803 PRICE ST
STREET ADDRESS Jacksonville FL 32204
CITY-ST-ZIP

TITLE VS
NAME CARLSON, CATHERINE HART
STREET ADDRESS 704 ROSSELLE ST
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME 803 PRICE ST
STREET ADDRESS Jacksonville FL 32204
CITY-ST-ZIP

TITLE V
NAME CARLSON, WILLIAM JAMES
STREET ADDRESS 704 ROSSELLE ST
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME CARLSON, LIVA BERNEY
STREET ADDRESS 704 ROSSELLE ST
CITY-ST-ZIP JACKSONVILLE FL ☒ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE: Catherine H. Carlson Catherine H. Carlson 4/27/00 (904) 353 9766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)