

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 22 AM 9: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001365

1. Entity Name

PRECISION OPTICAL OF JACKSONVILLE, LLC

Principal Place of Business

1550 RIVERSIDE AVENUE
JACKSONVILLE FL 32204

Mailing Address

1550 RIVERSIDE AVENUE
JACKSONVILLE FL 32204-4161

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

59-3578969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLBROOK, H. LEON
ONE INDEPENDENT DR., SUITE 2301
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME JONES, P. VERNON M.D.
STREET ADDRESS 1550 RIVERSIDE AVENUE
CITY- ST- ZIP JACKSONVILLE FL 32204

TITLE ☐ Change ☐ Addition
NAME 700003283877-6
STREET ADDRESS -06/12/00--01003--017
CITY- ST- ZIP *****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

Signature of P. Vernon M.D. Jones Vice President

904 3552684

4/24/00

CR2E-87 (1/99)