

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/23

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90515 001 \*\*\*184.00

**DOCUMENT # N00000002894**

1. Entity Name

THE ONE STOP VISION CENTER FOR THE SPECIAL POPUL

Principal Place of Business

3302 NORTH TAMPA STREET  
 TAMPA FL 33602

Mailing Address

PO BOX 15186  
 TAMPA FL 33684

2. Principal Place of Business

3302 N. Tampa ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 15186

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

4. FEI Number

59-3638418

Applied For

Not Applicable

Zip

33603

Country

Hillsborough

Zip

33684

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JACKSON, STEPHEN N  
 10743 GLEN ELLEN DRIVE  
 TAMPA FL 33615

7. Name and Address of New Registered Agent

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

Stephen N. Jackson

6/15/01

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D.	<input type="checkbox"/> Delete
NAME	Jackson, Stephen N.	
STREET ADDRESS	10743 Glen Ellen Dr.	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	Jackson, Elizabeth	<input type="checkbox"/> Delete
NAME	Jackson, Elizabeth	
STREET ADDRESS	10743 Glen Ellen Dr.	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	Jackson, Stephanie	<input type="checkbox"/> Delete
NAME	Jackson, Stephanie	
STREET ADDRESS	10743 Glen Ellen Dr.	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	Jackson, Simone	<input type="checkbox"/> Delete
NAME	Jackson, Simone	
STREET ADDRESS	10743 Glen Ellen Dr.	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	Folks, Julia	<input type="checkbox"/> Delete
NAME	Folks, Julia	
STREET ADDRESS	P.O. Box 290917	
CITY-ST-ZIP	Temple Terrace FL 33684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/01 (813) 229-3446

Date

Daytime Phone #

CR2E037 (10/00)