

5/23

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

05-23-2001 90515 001 ***184.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002894

1. Entity Name

THE ONE STOP VISION CENTER FOR THE SPECIAL POPUL

LA

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

3. Mailing Address

P.O. Box 15186

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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]* **Stephen N. Jackson** *6/15/01*
Signature, typed or printed name of registered agent and date if applicable (NOTE Registered Agent signature required when reinstating) DATE

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

CR2E037 (10/00)

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/01 (813) 229-3440
Date Daytime Phone #