

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90129 001 ***210.00

DOCUMENT # N00000002894

1. Entity Name

THE ONE STOP VISION CENTER FOR THE SPECIAL POPULATION, INC.

Principal Place of Business

Mailing Address

3302 NORTH TAMPA STREET
 TAMPA FL 33602

PO BOX 15186
 TAMPA FL 33684

2. Principal Place of Business

3. Mailing Address

5606 N. NEBRASKA AVE
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

4. FEI Number

59-3638418

Applied For

Not Applicable

Zip

Country

Zip

Country

33604

U.S.

5. Certificate of Status Desired

Star \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, STEPHEN N
 10743 GLEN ELLEN DRIVE
 TAMPA FL 33615

Name

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

City

FL

Zip Code

33624

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, STEPHEN M	
STREET ADDRESS	10743 GLEN ELLEN DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, ELIZABETH	
STREET ADDRESS	10743 GLEN ELLEN DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, STEPHANIE	
STREET ADDRESS	10743 GLEN ELLEN DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, SIMONE	
STREET ADDRESS	10743 GLEN ELLEN DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOLKS, JULIA	
STREET ADDRESS	PO BOX 290917	
CITY-ST-ZIP	TEMPLE TERRACE FL 33684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STEPHEN M D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, Stephen N.	
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:

Stephen N. Jackson
 ORIGINAL FILED

(813) 252-3550

CR2E037 (4/02)