

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90149 001 ***183.75

0012280

DOCUMENT # N00000002894

1. Entity Name
THE ONE STOP VISION CENTER FOR THE SPECIAL POPULATION, INC.



Principal Place of Business
**5606 N NEBRASKA AVE
TAMPA FL 33604**

Mailing Address
**5606 N NEBRASKA AVE
TAMPA FL 33604**

55056272



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3638418**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75-Additional Fee Required**

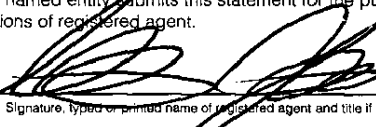
6. Name and Address of Current Registered Agent

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

SIGNATURE  **Stephen N. Jackson** DATE **9/7/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, STEPHEN N 10743 GLEN ELLEN DR TAMPA FL 33624	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, ELIZABETH 10743 GLEN ELLEN DR TAMPA FL 33624	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, STEPHANIE 10743 GLEN ELLEN DR TAMPA FL 33624	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JACKSON, SIMONE 10743 GLEN ELLEN DR TAMPA FL 33624	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOLKS, JULIA PO BOX 290917 TEMPLE TERRACE FL 33684	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **9/7/03** DAYTIME PHONE # **813-271-2701**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)