

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90930 050 ***150.00

0022690 AV

DOCUMENT # P01000052682

1. Entity Name
OPTICAL BENEFITS, INC.

Principal Place of Business
**1301 RIVERPLACE BLVD., STE. 1916
JACKSONVILLE FL 32207**

Mailing Address
**1301 RIVERPLACE BLVD., STE. 1916
JACKSONVILLE FL 32207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**450 SR. 13 NORTH
SUITE # 107
JACKSONVILLE, FLORIDA
32259 U.S. OF A.**

3. Mailing Address
**450 SR 13 NORTH
SUITE # 107
JACKSONVILLE, FLORIDA
32259 U.S. OF A.**

4. FEI Number
59-3727624

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**FISCETTE, JAMES A P.A.
1301 RIVERPLACE BLVD., STE. 1916
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent
Name
DEBORAH L. STOKES
Street Address (P.O. Box Number is Not Acceptable)
2229 VINSON LANE
City
JACKSONVILLE FL Zip Code
32207

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 **3/26/2002**
(NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEAVER, HAROLD 161 CEDAR LAKE TRAIL WINSTON-SALEM NC 27104	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DEBORAH L. STOKES 11859 ACOSTA ROAD JACKSONVILLE, FLORIDA 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. KAREN D. STOKES 652 HUMMINGBIRD COURT JACKSONVILLE, FLORIDA 32259	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **3/26/2002 (336) 748 2110**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2034 (9/01)