

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90096 011 ***150.00

0502948 AV

DOCUMENT # P99000077526

1. Entity Name

OLAX INTERNATIONAL, INC.



Principal Place of Business

**3551 ROSSLARE LANE
LAKELAND FL 33803**

Mailing Address

**3551 ROSSLARE LANE
LAKELAND FL 33803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3613106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AJA, OCTAVIANO L
3551 ROSSLARE LANE
LAKELAND FL 33803**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **AJA, OCTAVIANO L**
STREET ADDRESS **3551 ROSSLARE LANE**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GROVER, ELINA M**
STREET ADDRESS **3551 ROSSLARE LANE**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/03 863-533-2191

CR2E034 (10/02)

Attachment

WRIGHT, WALKER & COMPANY, P.A.

Steven R. Wright, C.P.A.
Jefrey R. Walker, C.P.A.
David W. Wright, C.P.A.
Robin A. Rahman, C.P.A.
Pamela L. Husen, C.P.A.

Certified Public Accountants
Bartow — 863-533-7191
Winter Haven — 863-299-6815
Fax — 863-533-0259

80064440
P99000077526
P. O. Drawer 569
550 East Davidson St.
Bartow, Florida 33830

March 20, 2003

OLA International, Inc.
P.O. Box 2824
Lakeland, FL 33806-2824

Here are your instructions for filing your 2003 Uniform Business Report.

- 1) The enclosed return should be signed by an officer or director on line thirteen as follows. Please print or type the name where designated.
- 2) This return must be filed by **May 1, 2003**.
- 3) The signed return along with your check, made payable to "**Department of State**" in the amount of **\$150.00**, should be sent in the envelope enclosed to:

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Should you have any questions regarding this return, please do not hesitate to contact our office.

Thank you,

Wright, Walker & Company
WRIGHT, WALKER & COMPANY, PA

Enclosure