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

## 339715 **DOCUMENT #**

1. Entity Name



**FILED** Feb 25, 2003 8:00 am Secretary of State

| JOHN S                                | 3. OLSON, C.L.U. INC.  |                     |  | ](                                    |                        |                                     | 02-25-2003 90112 (                                       | )10 ***13         | 50.00                    |
|---------------------------------------|--|---------------------|--|---------------------------------------|------------------------|-------------------------------------|--|-------------------|--------------------------|
| P O BOX 3                             | Principal Place of Business<br>249 JOHN KNOX RD.<br>P O BOX 3987<br>TALLAHASSEE FL 32303 |                     | Mailing Address<br>249 JOHN KNOX RD.<br>P O BOX 3987<br>TALLAHASSEE FL 32303 |                                       |                        |                                     | l a <b>rsisa</b> daga shika dahir daga daga and ara      | i Digit Blatt Git | TIL DIRIL ALBIY LAR      |
| 2. Principal Place of Business        |  | 3. Mailing Address  |  |                                       |                        |                                     |  |                   |                          |
|                                       |  | Suite, Apt. #, etc  |  |                                       |                        | ☐ CHECK HERE IF MAKING CHANGES      |  |                   |                          |
| City & State                          |  | City & State        |  |                                       |                        | 4. FE                               | 4. FE! Number 59-1228561 Applied For                     |                   |                          |
| Zip                                   | Country  |                     | Zip  |                                       | Country                |                                     | ertificate of Status Desired                             | \$8.75            |                          |
|                                       | 6. Name and Address of Curre   | nt Register         | ed Agent   | ·                                     |                        | 7 No                                | me and Address of New Registered                         | Fee Requ          | ired                     |
| OLSON.                                | JOHN S.  |                     |  | 1                                     | Name                   | 7. 140                              | ine and Address of New Registered                        | Agent             |                          |
| 249 JOHN KNOX ROAD                    |  |                     | Street Address   |                                       |                        | (P.O. Box Number is Not Acceptable) |  |                   |                          |
| TALLAHA                               | ASSEE FL 32303   |                     |  |                                       |                        |                                     |  |                   |                          |
|                                       |  |                     |  | 1                                     | City                   |                                     | Fi   | Zip Co            |                          |
| the obliga                            | e named entity submits this statement<br>tions of registered agent.                      | for the purp        | ose of changing its  | registered o                          | office or registere    | ed agen                             | t, or both, in the State of Florida. I am                | familiar wit      | h, and accept            |
| SIGNATURE                             | Signature, typed or printed name of registered age                                       |                     |  | · · · · · · · · · · · · · · · · · · · |                        |                                     |  |                   |                          |
| _ <u>.</u>                            | FILE NOW!!! FEE IS \$150.00  | nt and title if app | (NOTE:   | : Registered Age                      | ent signature required | when reins                          | tating) DATE   |                   |                          |
| Afte                                  | r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department                       | )<br>of State       |  |                                       |                        |                                     | Election Campaign Financing     Trust Fund Contribution. |                   | .00 May Be<br>ed to Fees |
| 10.                                   | OFFICERS AND DIRECTORS   |                     |  |                                       |                        | ADDI                                | TIONS/CHANGES TO OFFICERS AN                             | D DIDECTO         | DO IN 44                 |
| TITLE                                 | PD   |                     | ☐ Delete   | TITLE                                 |                        | 7.55                                | HONO, OF ANGES TO OFFICERS AN                            | ☐ Change          |                          |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | OLSON, JOHN S.<br>249 JOHN KNOX RD.<br>TALLAHASSEE FL                                    |                     | •  | NAME<br>STREET AD<br>CITY-ST-7        |                        |                                     |  | □ Change          | Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS       | D<br>OLSON, J. SCOTT<br>249 JOHN KNOX RD   |                     | ☐ Delete   | TITLE<br>NAME<br>STREET AD            |                        |                                     |  | ☐ Change          | ☐ Addition               |
| CITY-ST-ZIP                           | TALLAHASSEE FL   |                     |  | CITY-ST-Z                             | 1                      |                                     |  |                   |                          |
| TITLE NAME STREET ADDRESS             | -  |                     | Delete   | TITLE                                 |                        | ٠.                                  |  | ☐ Change          | Addition                 |
| CITY-ST-ZIP                           | ·  |                     |  | STREET ADD                            |                        |                                     |  |                   |                          |
| TITLE<br>NAME<br>STREET ADDRESS       |  |                     | ☐ Delete   | TITLE<br>NAME<br>STREET ADD           | DRESS                  |                                     | /  | ☐ Change          | ☐ Addition               |
| TITLE                                 |  |                     | При  | CITY-ST-ZI                            | P                      |                                     |  |                   |                          |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |                     | ☐ Delete   | NAME STREET ADD                       |                        |                                     |  | ☐ Change          | Addition                 |
| TITLE<br>NAME                         |  |                     | ☐ Delete   | CITY-ST-ZIE                           | -                      | <del>-</del>                        |  | ☐ Change          | ☐ 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 aper 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 of custee 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #