

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90282 010 ***150.00

DOCUMENT # 411808

1. Entity Name

OLSON ELECTRIC CO., INC.



Principal Place of Business

225 CARSWELL AVENUE
HOLLY HILL FL 32117

Mailing Address

225 CARSWELL AVENUE
HOLLY HILL FL 32117

2. Principal Place of Business

227 CARSWELL AVENUE

3. Mailing Address

227 CARSWELL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holly Hill, FL

City & State

Holly Hill, FL

Zip

Country

32117

USA

Zip

Country

32117

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1431621

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUFFIELD, G. CURTIS
6160 EDGEWATER DRIVE, SUITE F
ORLANDO FL 32810

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

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
DUFFIELD, CURTIS G
25025 ADAIR AVE
SORRENTO FL 32776

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WITTWER, MATHEW
4050 ACOMA DR
ORMOND BEACH FL 32174

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

G. CURTIS DUFFIELD

RESIDENT

Date

Daytime Phone #

2/11/03

407-892-0022
386-258-8551

CR2E034 (10/02)