2000 UNIFORM BUSINESS REPORT (UBR)

1996-2001 UBR

DOCUMENT # 441283

1. Entity Name

SEMINOLE KWIKIE, INC.

Kwikie Duplicating Center of Seminole, Incorporated

FILING
05-31-2000 90060 033 ***150.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 24 PM 3:59

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12493 SEMINOLE BLVD. LARGO FL 33778	12493 SEMINOLE BLVD. LARGO FL 33778-2745

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 59-1504082 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLSON, LAWRENCE 801 SCENIC HEIGHTS DR BRANDON FL 33511	Name Street Address (P.O. Box Number is Not Acceptable): 11125 PARK BLVD SUITE 104-111 City: SEMINOLE FL Zip Code: 33772

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: LAWRENCE OLSON — 12-21-01

Signature, typed or printed name of registered agent and title if applicable (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, 2000 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE: P/D/C/S ☐ Change ☒ Addition NAME: LAWRENCE H. OLSON STREET ADDRESS: 11125 PARK BLVD SUITE 104-111 CITY-ST-ZIP: SEMINOLE, FL 33772
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE: V/T/D ☐ Change ☒ Addition NAME: CAROL OLSON STREET ADDRESS: 11125 PARK BLVD SUITE 104-111 CITY-ST-ZIP: SEMINOLE, FL 33772
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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***193.50 ***197.50

12/26

CR2E034 (9/99)

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: Carol Olson — CAROL OLSON — 4-30-00 — 727-581-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kwikie Duplicating Center of Seminole, Inc.
12493 Seminole Blvd
Largo, FL 33778

December 21, 2001

Sean Toner
Senior Section Administrator
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Mr. Toner:

With reference to your letter #101A00018118, I am enclosing a copy thereof, a signed uniform business report, and a check in the amount of $1,927.50 to bring Kwikie Duplicating Center of Seminole, Inc current. Thank you for your assistance in this matter.

Sincerely,

Lawrence Olson
Registered Agent