

2000 UNIFORM BUSINESS REPORT (UBR)

1976-2001 UBR

DOCUMENT # **441283**

05-31-2000 90060 033 ***150.00

1. Entity Name
SEMINOLE KWIKIE, INC.
 Kwikie Duplicating Center of Seminole, Incorporated

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATION
 01 DEC 24 PM 3:59

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 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
OLSON, LAWRENCE
 801 SCENIC HEIGHTS DR
 BRANDON FL 33511

7. Name and Address of New Registered Agent
 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* **LAWRENCE OLSON** DATE **12-21-01**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P/D/C/S	LAWRENCE H. OLSON	11125 PARK BLVD SUITE 104-111	SEMINOLE, FL 33772
V/T/D	CAROL OLSON	11125 PARK BLVD SUITE 104-111	SEMINOLE, FL 33772

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** DATE **4-30-00** DAYTIME PHONE # **727-581-8333**

CR2E034 (9/99)

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 ***1327.50

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