

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 629582

1. Entity Name  
OLBOY INCORPORATED

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90064 026 \*\*\*150.00

Principal Place of Business

1745 SPINNINGWHEEL DR.  
LUTZ FL 33549

Mailing Address

1745 SPINNINGWHEEL DR.  
LUTZ FL 33549

631225



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-1931760

Applied For  
Not Applicable

Zip 33559

Country

Zip 33559

Country

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

BOYD, DOLORES M  
1745 SPINNINGWHEEL DR.  
LUTZ FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 33559

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

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, 2002 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 PSD  
NAME BOYD, DOLORES M  
STREET ADDRESS 1745 SPINNING WHEEL DR  
CITY-ST-ZIP LUTZ FL 33549 33559 ☐ Delete

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

TITLE VD  
NAME COSTENBADER, KATHLEEN  
STREET ADDRESS 1745 SPINNING WHEEL DR  
CITY-ST-ZIP LUTZ FL 33549 33559 ☐ Delete

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

TITLE VD  
NAME BOYD, WILLIAM J  
STREET ADDRESS 1745 SPINNING WHEEL DR  
CITY-ST-ZIP LUTZ FL 33549 33559 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)