

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90784 001 ***150.00

DOCUMENT # F94000000461

1. Entity Name
OLSSON COLLECTION U.O. INC.



Principal Place of Business
**259C COMMERCIAL BLVD.
SUITE 129
LAUDERDALE BY THE SEA FL 33308**

Mailing Address
**259C COMMERCIAL BLVD.
SUITE 129
LAUDERDALE BY THE SEA FL 33308**



2. Principal Place of Business
259C Commercial Blvd

3. Mailing Address

Suite, Apt. #, etc.
Suite 129

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
13-3142799

Applied For
Not Applicable

Zip
33308

Country
FL

Zip
33308

Country
FL USA

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

**BRAUTIGAM, ULLA
399 NE 5 AVE
BOCA RATON FL 33432**

**New Address:
611 APPLE TREE LANE
BOCA RATON FL 33486**

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 **BRAUTIGAM ULLA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/03

**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 **PTD**
STREET ADDRESS **BRAUTIGAM, ULLA O**
CITY-ST-ZIP **5100 BAYVIEW DR.
FT. LAUDERDALE FL 33308**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BLECHER, JESSE**
CITY-ST-ZIP **300 N. MIDDLETON RD.
PEARL RIVER NY 10965**

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ULLA BRAUTIGAM **1/17/03** **934 776-2274**

Date

Daytime Phone #

CR2E034 (10/02)