

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**  
 03-25-2002 90195 036 \*\*\*150.00

**DOCUMENT # H42167**  
 1. Entity Name  
**OLESON CONSULTING SERVICES, INC.**

Principal Place of Business <b>P. O. BOX 103 ODESSA FL 33554</b>	Mailing Address <b>P. O. BOX 103 ODESSA FL 33554</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-2493222</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**OLESON, S. MELODIE**  
**1741 BEACHWAY LANE**  
**ODESSA FL 33556**

**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.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. 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**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RAMOS, MARGUERITE O</b>	
STREET ADDRESS	<b>1735 BEACHWAY LANE</b>	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>OLESON, JAMES L</b>	
STREET ADDRESS	<b>4355 SPRING LAKE ROAD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>OLESON, S. MELODIE</b>	
STREET ADDRESS	<b>1741 BEACHWAY LANE</b>	
CITY-ST-ZIP	<b>ODESSA FL 33556</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OLESON, KATHERINE B</b>	
STREET ADDRESS	<b>4355 SPRING LAKE ROAD</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **DATE:** **02-14-02** **DAYTIME PHONE #:** **727-774-8023**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)