

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J26302

1. Entity Name

ANDY OLSEN GRAPHICS, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90091 031 ***150.00

Principal Place of Business

Mailing Address

% CHERYL P. OLSEN
1055 MIRAMAR ST.
COCOA FL 32927

% CHERYL P. OLSEN
4955 MIRAMAR ST.
COCOA FL 32927-9132

2. Principal Place of Business

6675 Corto Rd

3. Mailing Address

same 6675 Corto Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cocoa FL

City & State

Zip

Country

32927

Zip

Country

4. FEI Number

59-2702096

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

OLSEN, CHERYL P.
4955 MIRAMAR ST.
COCOA FL 32927

Name
Cheryl P. Olsen

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

6675 Corto Rd

City
Cocoa

FL

Zip Code
32927

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

Cheryl P. Olsen Cheryl P. Olsen President

4-10-00

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 PD
NAME OLSEN, CHERYL P.
STREET ADDRESS 4955 MIRAMAR ST. 6675 Corto Rd.
CITY-ST-ZIP COCOA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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

Pres.

Cheryl P. Olsen 4-10-00 407-0120

Date

Daytime Phone #

CR2E034 (9/99)