2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91041 029 ***150.00

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DOCUMENT # K47332

1. Entity Name
THE OLSON GROUP, INC.

Principal Place of Business	Mailing Address
2984 55TH TERRACE SW NAPLES FL 34116 US	PO BOX 990154 NAPLES FL 34116 US

2. Principal Place of Business	3. Mailing Address
4115 4TH AVE. S.E.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES	City & State
Zip: FL — Country: USA	Zip — Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2919005 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATSINIS, JACQUELINE A
2984 55TH TERR SW
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4115 4TH AVE S.E.
City NAPLES FL Zip Code 34117

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 Jacqueline A. Katsinis 3/20/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P OLSEN, FREDERICK O 2984 55TH TERR SW NAPLES FL 34116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition OLSON 4115 4TH AVE. S.E. NAPLES FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLSON, JENNIFER M 2984 55TH TERR SW NAPLES FL 34116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 4115 4TH AVE. S.E. NAPLES, FL 34117
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 REQUIRED 3/20/03 239 352-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #