

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91749 024 ***150.00

DOCUMENT # **K97681** ✓
1. Entity Name

OLSON Lighting Showroom

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1757 N. Nova Rd. #108
Suite, Apt. #, etc.

3. Mailing Address
1757 N. Nova Rd. #108
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Holly Hill FLA. 32117
Zip Country
32117 Volusia

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Holly Hill FLA.
Zip Country
32117 Volusia

4. FEI Number
59-2953395
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PALMETTO Charter Services Inc.

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

150 magnolia Ave.

City
Daytona Beach FL Zip Code
32114

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Olson, Stephen W.
1757 N. Nova Rd
H.H. FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DY
Olson, Julie
1757 N. Nova Rd.
H.H. FL. 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SJT
Olson, Ryan
1757 N. Nova Rd.
H.H. FL 32117**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: 

STEPHEN W. OLSON

PRES.

5.13.02

386-252-3707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)