2000 UNIFORM BUSINESS REPORT (UBR)

May 09, 2000 8:00 am Secretary of State **DOCUMENT # L34985** 1. Entity Name R. S. OLSON PROPERTY MANAGEMENT, INC. 05-09-2000 90004 040 ***150.00 Principal Place of Business Mailing Address 5704 MANATEE AVE W 5704 MANATEE AVE W BRADENTON FL 34209-2539 **BRADENTON FL 34209-2539** us 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0161454 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLSON, RICHARD S. Street Address (P.O. Box Number is Not Acceptable) 5704 MANATEE AVE W **BRADENTON FL 34209** Zip Code City Fl 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PST ☐ Addition TITLE Change TITLE ☐ Delete OLSON, RICHARD S. NAME NAME STREET ADDRESS STREET ADDRESS 5704 MANATEE AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209** ☐ Delete TITLE ☐ Change Addition TITLE OLSON, RICHARD S. NAME NAME STREET ADDRESS 5704 MANATEE AVE W STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34209** ☐ Change Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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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

SIGNATURE:

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changed, or on an attachment with an address, with all other like empowered.

(941)748-8216

FILED

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