

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State
 04-21-2000 90100 015 ***150.00

DOCUMENT # M40683

1. Entity Name
R. OLSON ASSOCIATES, INC.

Principal Place of Business C/O ROBERT J. OLSON N.W. 13TH ST., S-261C BOCA RATON FL 33486	Mailing Address C/O ROBERT J. OLSON 1074 N.W. 13TH ST., S-261C BOCA RATON FL 32937-4707
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 364 LANTERNBACK ISLAND DR. Suite, Apt. #, etc.	3. Mailing Address C/O ROBERT J. OLSON 364 LANTERNBACK ISLAND DRIVE Suite, Apt. #, etc.
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City & State SATELLITE BEACH, FLORIDA	City & State SATELLITE BEACH, FLORIDA
Zip 32937-4707	Zip 32937-4707
Country USA	Country USA

4. FEI Number 59-2733276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
OLSON, ROBERT J.
1074 N.W. 13TH ST.
S-261C
BOCA RATON FL 33432

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
364 LANTERNBACK ISLAND DRIVE
 City **SATELLITE BEACH** **FL** Zip Code **32937-4707**

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]* DATE **4-14-00**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSON, ROBERT J. 1074 N.W. 13TH ST. 364 LANTERNBACK ISLAND DR. BOCA RATON FL SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSON, DIANE M. 1074 N.W. 13TH ST. 364 LANTERNBACK ISLAND DR. BOCA RATON FL SATELLITE BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Olson, Robert J. 364 Lanternback Island Dr. Satellite Beach, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Olson, Diane M. 364 Lanternback Island Dr. Satellite Beach, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **4/14/00** **321-779-3336**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)