

FILED
Jun 22, 2001 8:00 am
Secretary of State

05-15-2001 90112 009 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062516

1. Entity Name

OLYPHANT CORPORATION

Principal Place of Business

Mailing Address

3560 BIG PINE ROAD
MELBOURNE FL 32934-85583560 BIG PINE ROAD
MELBOURNE FL 32934-8558

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

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

OLYPHANT, ERIC E SR.
3560 BIG PINE ROAD
MELBOURNE FL 32934-8558Name ERIC E. OLYPHANT, SR.Street Address (P.O. Box Number Not Acceptable)
2265 Hickory DrCity Palm Shores

FL

Zip Code 32935

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 Eric E. Olyphant, Sr. Eric OLYPHANT 02 APR 01

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, 2001 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|----------------------|--------------------|-------------------------|--------------------------|--------------------------|
| P | OLYPHANT, ERIC E SR. | 3560 BIG PINE ROAD | MELBOURNE FL 32934-8558 | <input type="checkbox"/> | <input type="checkbox"/> |
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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 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

Date

Daytime Phone #

CR2E034 (10/00)