

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000073583

1. Entity Name
OLSEN PROPERTIES, INC.

Principal Place of Business 37 SANDALWOOD COURT OVIEDO FL 32765	Mailing Address 37 SANDALWOOD COURT OVIEDO FL 32765
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2. Principal Place of Business 1671 ASHLAND TRAIL	3. Mailing Address 1671 ASHLAND TRAIL
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State OVIEDO FL	City & State OVIEDO FL
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Zip 32765	Country	Zip 32765	Country
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4. FEI Number 59-3711808	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OLSEN OTTMAR W
 37 SANDALWOOD COURT

 OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name
OLSEN OTTMAR W
 Street Address (P.O. Box Number is Not Acceptable)
1671 ASHLAND TRAIL

 City
OVIEDO FL Zip Code
32765

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 _____ **07/25/2001**
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			
TITLE	D	<input type="checkbox"/> Delete	
NAME	OLSEN OTTMAR W		
STREET ADDRESS	37 SANDALWOOD COURT		
CITY-ST-ZIP	OVIEDO FL 32765		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSEN OTTMAR W		
STREET ADDRESS	1671 ASHLAND TRAIL		
CITY-ST-ZIP	OVIEDO FL 32765		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: Ottmar W. Olsen **D** 07/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)