

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
32765

FL

Mailing Address

37 SANDALWOOD COURT

OVIEDO
32765

FL

2. Principal Place of Business

1671 ASHLAND TRAIL

3. Mailing Address

1671 ASHLAND TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OVIEDO

FL

City & State

OVIEDO

FL

4. FEI Number

59-3711808

Applied For

Not Applicable

Zip
32765

Country

Zip
32765

Country

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**OLSEN OTTMAR W
37 SANDALWOOD COURTOVIEDO
32765

FL

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 ☐ Delete
NAME OLSEN OTTMAR W
STREET ADDRESS 37 SANDALWOOD COURT
CITY-ST-ZIP OVIEDO FL 32765TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE D ☒ Change ☐ Addition
NAME OLSEN OTTMAR W
STREET ADDRESS 1671 ASHLAND TRAIL
CITY-ST-ZIP OVIEDO FL 32765TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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)