

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2002 8:00 am**  
**Secretary of State**

08-15-2002 90046 025 \*\*\*158.75

**DOCUMENT # P00000076923**

1. Entity Name  
**OLA, INC.**

Principal Place of Business  
**PO BOX 952333**  
**LAKE MARY FL 32795-2333**

Mailing Address  
**PO BOX 952333**  
**LAKE MARY FL 32795-2333**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2567950**

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

**COURTACCESS CENTERS OF AMERICA, INC.**  
**3249 W CYPRESS STREET**  
**SUITE C**  
**TAMPA FL 33607**

Name **GABRIEL O. DOKUN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**612 - 9 SOUTH CONWAY RD.**  
 City **ORLANDO** **FL** Zip Code **32807**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**G. O. Dokun - DIRECTOR.**

**AUG. 12 '02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PD** ☐ Delete  
 NAME **DOKUN, GABRIEL OLA**  
 STREET ADDRESS **300 HOFFMAN BLVD., #1H**  
 CITY-ST-ZIP **NEW BRUNSWICK NJ 08901**

TITLE **Keyla M. Gomez** ☐ Change ☒ Addition  
 NAME **Secretary**  
 STREET ADDRESS **8275 Nara Vista Ct.**  
 CITY-ST-ZIP **Orlando, FL 32827**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ 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: **SIGNATURE OF GABRIEL O. DOKUN** **AUG. 12 '02** **(407) 435-4077**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment  
Doc. # P00000076923

974418

OLA, INC.  
P O BOX 952333  
LAKE MARY  
FL. 32795 - 2333.

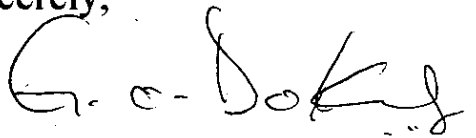
AUG. 12 '02

Dear Sir/Ms,

----- This is to inform you that Ola Inc. did not receive the prior initial notice to file its Uniform Business Report. A notice of business address change was mailed early in January 2002.

Thank you very much.

Sincerely,



Director, Gabriel O. Dokun