

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108755

1. Entity Name

OLESEN LOGISTICAL MANAGEMENT GROUP, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90036 001 ***150.00

Principal Place of Business

7325 NORWICH LANE
CLEARWATER FL 33764

Mailing Address

7325 NORWICH LANE
CLEARWATER FL 33764

2. Principal Place of Business

4445 EAST BAY DRIVE

3. Mailing Address

4445 EAST BAY DRIVE

Suite, Apt. #, etc.

SUITE 311

Suite, Apt. #, etc.

SUITE 311

City & State

CLEARWATER, FL.

City & State

CLEARWATER, FL.

Zip

33764

Country

U.S.A.

Zip

33764

Country

U.S.A.

4. FEI Number

59-3683018

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLESEN, ELIF L
7325 NORWICH LANE
CLEARWATER FL 33764

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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 PTD ☐ Delete
NAME OLESEN, ELIF L
STREET ADDRESS 7325 NORWICH LANE
CITY-ST-ZIP CLEARWATER FL 33764

TITLE VSD ☒ Delete
NAME OLESEN, KARLA J
STREET ADDRESS 7325 NORWICH LANE
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME DONALD L. OLESEN
STREET ADDRESS 8 DONNA DRIVE
CITY-ST-ZIP UPPER BROOKVILLE, L.I., N.Y. 11771

TITLE SD ☐ Change ☒ Addition
NAME MARTIN L. OLESEN
STREET ADDRESS 11620 PARK BLVD, APT. 207
CITY-ST-ZIP SEMINOLE, FL 33772

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

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

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

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: Martin L. Olesen MARTIN L. OLESEN 3/29/01 (727) 535-0905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)