2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40240 1. Entity Name OLNAP; INC.				Secretary of State 02-01-2002 90041 049 ***150.00
Principal Plac	ce of Business	Mailing Address		
4425 CORPORATION LANE. SUITE 400 VIRGINIA BEACH VA 23462		4425 CORPORATION LANE. SUITE 400 VIRGINIA BEACH VA 23462		
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Principal Place of Business 3. M		. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registered Agent
			Name	
DEMETREE, J. C., JR. 3740 BEACH BOULEVARD, SUITE 400			Street Addres	ess (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32207				
			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 After May 1, 2002 Fee Make Check Payable to D			Fee will be \$550.0	I THE FUNCTION III Added to Food
11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLIVIERI, RICHARD E. 4425 CORPORATION LANE VIRGINIA BEACH VA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition }
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NAPOLITANO, FREDERICK J. 4425 CORPORATION LANE VIRGINIA BEACH VA	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TONER, WILLIAM L. 4425 CORPORATION LANE VIRGINIA BEACH VA	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 reserver or trustee empowered for 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 a state of the corporation of the cor				

SIGNATURE:

(DEOUIDE PRESIDENT

1-15-02

757-490-3141

Daytime Phone #