## 2002 Uniform Business Report (UBR)

## Mar 14, 2002 8:00 am § Secretary of State **DOCUMENT #** P94000001727 1=Entity Name= 2 03-14-2002 90054 041 \*\*\*150.00 OLGA, INC. Principal Place of Business Mailing Address 3171 OAKPARK DR. 3171 OAKPARK DR. LAKELAND FL 33803 LAKELAND FL 33803 UŚ 2. Principal Place of Business 3. Mailing Address 3171 Oakpark 3171 Oakpark Dr Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State La Keland City & State 4. FEI Number X Applied For 59-3216829 bakeland Not Applicable Country <sup>Zip</sup> 3380<u>3</u> Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ictor Kaukov KAYKOV, VIKTOR Street Address (P.O. Box Number is Not Acceptable) 3171 OAKPARK DR. APT. CO.F. LAKELAND FL 33803 Zip Code 33803 City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!! FEE IS \$150.00 10.-Election Campaign Financing \$5:00-May-Be-Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change Addition NAME KAYKOV, BORIS V NAME STREET ADDRESS 5160 MACDONALD AVE #708 STREET ADDRESS CITY-ST-ZIP COTE ST. LUC, QUEBEC H3-X2V8 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VICTOR R. KAYKOV NAME STREET ADDRES STREET ADDRESS 3171 OAKPARK DR. CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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.

FILED

Daytime Phone #