2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90164 016 ***158.75

DOCUMENT # P94000077790

1. Entity Name
OLSON GROUP INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
10242 NW 47 STREET	10242 NW 47 STREET
SUITE 45	SUITE 45
SUNRISE FL 33351	SUNRISE FL 33351
US	US

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10230 NW 47th ST.	10230 NW 47th ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNRISE FL	City & State: SUNRISE FL.
Zip: 33351 Country: USA	Zip: 33351 Country: USA

4. FEI Number 65-0550070 ☐ 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
OLSON, GLENN W.	Name
1362 GINGER CIRCLE	Street Address (P.O. Box Number is Not Acceptable)
WESTON FL 33326	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. 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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	OLSON, GLEN W.		NAME		
STREET ADDRESS	10242 NW 47TH ST SUITE 45		STREET ADDRESS	10230 NW 47th ST.	
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	OLSON, MAUREEN A.		NAME		
STREET ADDRESS	10242 NW 47TH ST SUITE 45		STREET ADDRESS	10230 NW 47th St.	
CITY-ST-ZIP	SUNRISE FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn W. Olson 3/6/03 954 742 7712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)