

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073373

1. Entity Name

OLSON ENTERPRISES OF PINELLAS, INC.

FILED

Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90082 047 ***150.00

Principal Place of Business

Mailing Address

2457 GINGER MILL BLVD
ORLANDO FL 32837
US

2457 GINGER MILL BLVD
ORLANDO FL 32837-8514
US

637254



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

399 Whitetail Cove

3. Mailing Address

399 Whitetail Cove

Suite, Apt. #, etc.

Casselberry, FL

Suite, Apt. #, etc.

Casselberry, FL

City & State

City & State

4. FEI Number

59-3334013

Applied For

Not Applicable

Zip

32701

Country

US

Zip

32701

Country

US

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, VICKIE M
2457 GINGER MILL BLVD
ORLANDO FL 32837

Name

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

399 Whitetail Cove

City

Casselberry

FL

Zip Code

32701

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
OLSON, VICKIE M
2457 GINGER MILL BLVD
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
399 Whitetail Cove
Casselberry, FL 32701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
OLSON, MARK R
2457 GINGER MILL BLVD
ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
399 Whitetail Cove
Casselberry, FL 32701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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: Vickie M. Olson

3-30-00 (407) 388-0413

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)