

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90034 029 ***150.00

DOCUMENT # P96000073262

1. Entity Name

U-NEEK SERVICES, INC.

Principal Place of Business

Mailing Address

~~8321 SAND POINT BLVD~~

~~P O BOX 401005~~

~~ORLANDO FL 32819~~

~~ORLANDO FL 32869-1835~~

US

US

2. Principal Place of Business

3799 BANANA RIVER BLVD.

3. Mailing Address

PO BOX 321450

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT-305

City & State

City & State

COLOA BEACH, FL

COLOA BEACH, FL

Zip

Country

Zip

Country

32931

USA

32932-1450

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLP, CAROLYN W

Name

~~8321 SANDPOINT BLVD~~ 3799 S. BANANA RIVER BLVD

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

~~ORLANDO FL 32819~~ COLOA BEACH, FL 32931

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	OLP, CAROLYN W		
8321 SAND POINT BLVD			
ORLANDO FL 32819			
D	OLP, GENE A		
8321 SANDPOINT BLVD			
ORLANDO FL 32819			

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 my 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: *Carolyn W. OLP, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2002
 Date Daytime Phone #

CR2E034 (9/01)

ATTACHMENT

BOU99970

P96000073262

Carolyn W. Olp

Please make address

Changes + delete

Gene A Olp, from Application

Thank you.

Carolyn W. Olp, President