## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P97000010620 **DOCUMENT #**

1. Entity Name

OLYMPIA MOTOR CARS, INC.



## **FILED** Mar 06, 2003 8:00 am § Secretary of State

03-06-2003 90124 012 \*\*\*150.00

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Johns Blufi .e fl 32246		Mailing Address 2727-201 ST JOHNS BLUFF RD S JACKSONVILLE FL 32246 US					<b>10:</b> 114 10:11 10:11 03:11 0				
Place of Busin	ness	3. Maili	ng Address		1						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-3429830 Applied For					
Zip Country		Zip Cou		Count	ry	5. Certificate of Status Desired			Not Applicable  \$8.75 Additional		
6. Name	and Address of Current	Registered	Agent	1 1		7 Name and	Address of New I			30	
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				ľ	Street Address (	P.O. Box Number	er is Not Acceptabl	e)			
	2207				·	-		<del></del>			
				Ì	City	<del></del>		FL	Zip Cod	le	
named entity ions of regist	y submits this statement for ered agent.	r the purpo	se of changing its	s registere	d office or register	ed agent, or bo	th, in the State of FI	orida. I am f	amiliar with,	and accept	
Signature, typed	or printed name of registered agent	and title if applic	able. (NOT	E: Registered	Agent signature required	when reinstating)		DATE		<del></del> _	
May 1, 200	3 Fee will be \$550.00	State			.,,,	I		~ -	<b>\$5.0</b> Added	0 May Be d to Fees	
	OFFICERS AND	DIRECTOR	<u>-</u> S	11.		ADDITIONS/	CHANGES TO GE	ICERS AND	DIRECTOR	S IN 11	
2727-201	PHOTIS J ST JOHNS BLUFF RD	***	☐ Delete	TITLE NAME STREE		N. S. MONO,	OTIANALO TO OTI	TOLITS AND	Change	Addition	
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	#, etc.  #, etc.  #, etc.  # of. Name  MOTHY P  ALLE ST  VILLE FL 3:  Inamed entity ions of regist  Signature, typed  ILE NOW!!  May 1, 200  C Payable to  D  NICHOLS, 2727-201 S	Place of Business  #, etc.  Country  6. Name and Address of Current  MOTHY P  ALLE ST  VILLE FL 32207  Inamed entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent.  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  c Payable to Florida Department of OFFICERS AND  D  NICHOLS, PHOTIS J	#, etc. Suite  #, etc. Suite  Country Zip  6. Name and Address of Current Registered  MOTHY P  ALLE ST  WILLE FL 32207  Inamed entity submits this statement for the purpolions of registered agent.  Signature, typed or printed name of registered agent and title if applic in the purpolions of registered agent.  Signature, typed or printed name of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applic in the purpolions of registered agent and title if applications of the purpolions of registered agent and title if applications of the purpolions of registered agent and title if applications of the purpolions of registered agent and title if applications of the purpolions of registered agent and title if applications of the purpolions of registered agent and title if applications of the purpolions of registered agent and title if applications of the purpolions of registered agent and title if applications of the purpolions of registered agent and title if applications of the purpolions of registered agent and title if applications of the purpolions of registered agent and title if applications of the purpolions of registered agent and title if applications of the purpolions of the	Place of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  MOTHY P  ALLE ST  MILE FL 32207  Inamed entity submits this statement for the purpose of changing its ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable. (NOI  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  t Payable to Florida Department of State  OFFICERS AND DIRECTORS  D NICHOLS, PHOTIS J  2727-201 ST JOHNS BLUFF RD S  JACKSONVILLE FL 32246-3755  Delete  Delete	Place of Business   3. Mailing Address   #, etc.   Suite, Apt. #, etc.	US  Place of Business  3. Mailing Address #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  6. Name and Address of Current Registered Agent  MOTHY P  ALLE ST  WILLE FL 32207  City  Inamed entity submits this statement for the purpose of changing its registered office or register ions of registered agent.  Signature, typed or prefed name of registered agent and stie if applicable.  (NOTE: Registered Agent signature required in the purpose of changing its registered Agent signature required in the purpose of changing its registered office or register ions of registered agent.  Signature, typed or prefed name of registered agent and stie if applicable.  (NOTE: Registered Agent signature required in the purpose of changing its registered office or register ions of registered agent signature required in the purpose of changing its registered office or register ions of registered Agent signature required in the purpose of changing its registered office or register ions of registered Agent signature required in the purpose of changing its registered office or register ions of registered Agent signature required in the purpose of changing its registered office or register and stie if applicable.  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Name and Address of Current Registered Agent   Name    MOTHY P   ALLE ST   Street Address (P.O. Box Number is Not Acceptable    Normal   Name   Name   Name    Name   Street Address (P.O. Box Number is Not Acceptable    City   City   City    Name   Name   Name   Name    Name   Name   Name   Name    Name   Name   Name   Name   Name    Name   Name   Name   Name   Name    Name   Name   Name   Name   Name   Name   Name    Name   Name   Name   Name   Name   Name   Name   Name   Name    Name   N	Place of Business	US    P. etc.   Suite, Apt. #, etc.   City & State   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   Suite, Apt. #, etc.   City & Sui	

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 of the receiver of rustee 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:

**EQUIRED** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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