

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90950 044 ***150.00

REORDER NO.

DOCUMENT # P97000096018

1. Entity Name
BARBARA OLSEN, P.A.



Principal Place of Business
**7234 SHARPSBURG BOULEVARD
NEW PORT RICHEY FL 34653**

Mailing Address
**7234 SHARPSBURG BOULEVARD
NEW PORT RICHEY FL 34653**



2. Principal Place of Business
498 Kivi Street

3. Mailing Address
498 Kivi Street

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Tarpon Springs, FL

City & State
Tarpon Springs, FL

Zip
34653

Country
Pinellas

4. FEI Number **NOT APPLICABLE**

Applied For
 Not-Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OLSEN, BARBARA
7234 SHARPSBURG BOULEVARD
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent

Name
Olsen, Barbara

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

City
Tarpon Springs, FL

Zip Code
34653

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 _____ (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

TITLE PD	NAME OLSEN, BARBARA	<input type="checkbox"/> Delete
STREET ADDRESS 7234 SHARPSBURG BOULEVARD		
CITY-ST-ZIP NEW PORT RICHEY FL 34653		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS 7234 SHARPSBURG BOULEVARD		
CITY-ST-ZIP NEW PORT RICHEY FL 34653		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: **SIGNATURE REQUIRED** **President (Barbara Olsen)** **2/20/03** **944-4921**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)