

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90293 033 \*\*\*150.00

0410013 AV

**DOCUMENT # P98000001108**

1. Entity Name  
**OLSON & ASSOCIATES, INC.**



Principal Place of Business  
**3200 N. MILITARY TRL  
#410  
BOCA RATON FL 33431**

Mailing Address  
**6291 TERRA ROSA CIR  
BOYNTON BEACH FL 33437**



2. Principal Place of Business

**3000 N. University Dr**

3. Mailing Address

Suite, Apt. #, etc.  
**2F**

Suite, Apt. #, etc.

City & State

**Coral Springs, FL**

City & State

Zip

**33065**

Country

Zip

Country

4. FEI Number **65-0804720**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**OLSON, DANIEL G  
6291 TERRA ROSA CIR  
BOYNTON BEACH FL 33437**

7. Name and Address of New Registered Agent

Name

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

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 \_\_\_\_\_ (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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>OLSON, DANIEL G</b>	
STREET ADDRESS	<b>6291 TERRA ROSA CIR</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33437</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/03**

**954 227-5511**

Date

Daytime Phone #

CR2E034 (10/02)