

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2001 8:00 am
Secretary of State

08-24-2001 90044 010 ***550.00

DOCUMENT # P99000075851

Entity Name
OLSON & BEARDEN, P.A.

Principal Place of Business
**112 SOUTH MAGNOLIA AVE.
 TAMPA FL 33606**

Mailing Address
**112 SOUTH MAGNOLIA AVE.
 TAMPA FL 33606**

2. Principal Place of Business

200 Pierce Street 4th Floor
 Suite, Apt. #, etc.

3. Mailing Address

← Same
 Suite, Apt. #, etc.

City & State
Tampa FL

City & State

Zip
33602 Country
USA

4. FEI Number
58-2510954

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**OLSON, LAURA A
 112 SOUTH MAGNOLIA AVE.
 TAMPA FL 33606**

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.

SIGNATURE 

(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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **D** ☐ Delete
 NAME **OLSON, LAURA A**
 STREET ADDRESS **112 SOUTH MAGNOLIA AVE.**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE **D** ☐ Delete
 NAME **BEARDEN, DAVID C**
 STREET ADDRESS **112 SOUTH MAGNOLIA AVE.**
 CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
 NAME **200 Pierce Street 4th Floor**
 STREET ADDRESS **Tampa FL 33606**

☐ Change ☐ Addition
 NAME **200 Pierce Street 4th Floor**
 STREET ADDRESS **Tampa FL 33606**

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

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

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

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

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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)