

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075878
 1. Entity Name
LENARD OLAFS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State
 05-15-2000 90222 024 ***150.00

Principal Place of Business 7125 ST. JOHN'S WAY UNIVERSITY PARK FL 34201-2334	Mailing Address 7125 ST. JOHN'S WAY UNIVERSITY PARK FL 34201-2334
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 387 Mandalay Ave Suite, Apt. #, etc.	3. Mailing Address 387 Mandalay Ave Suite, Apt. #, etc.
City & State Clearwater Beach FL	City & State Clearwater, Beach FL

4. FEI Number 65-0947032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROGERS, ROBERT R
 7125 ST. JOHN'S WAY
 UNIVERSITY PARK FL 34201-2334

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 Robert R. Rogers DATE 4/28/00
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2000 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	
TITLE President	<input type="checkbox"/> Delete
NAME Keith Rogers	
STREET ADDRESS 387 Mandalay Ave	
CITY-ST-ZIP Clearwater Beach	
TITLE Sec/Treas.	<input type="checkbox"/> Delete
NAME Robert R Rogers	
STREET ADDRESS 7125 St Johns Way	
CITY-ST-ZIP UP, FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Keith Rogers DATE 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)