

2000 UNIFORM BUSINESS REPORT (UBR)

5/10/00-90121-020-\$150.00-\$150.00

Page 1 of 2

DOCUMENT # P99000087736

1. Entity Name

OLYMPIUM INVESTMENT GROUP, INC.

FILED

00 JUN -9 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14860 SUMMERLIN WOODS DR. STE. 7 FT. MYERS FL 33919		Mailing Address 14860 SUMMERLIN WOODS DR. STE. 7 FT. MYERS FL 33919-6884	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	<input checked="" type="checkbox"/> 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 MAIER, JOERG B 14860 SUMMERLIN WOODS DR. STE. 7 FT. MYERS FL 33919	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 JOERG B. MAIER 04/27/00
(Signature, typed or printed name of registered agent and title if applicable. (NOT: 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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete JOERG B MAIER 14860 SUMMERLIN WOODS DR. S. 7 FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete ARMIN RECHTHOLD 14860 SUMMERLIN WOODS DR. S. 7 FORT MYERS, FL 33919	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JOERG B. MAIER 04-27-00 941-487-4704
(Signature and typed or printed name of signing officer or director) Daytime Phone #

CR2E034 (9/99)

Form **SS-4****Application for Employer Identification Number**

(Rev. February 1998)

Department of the Treasury
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) ARMIN BECHTOLD - JOERG MAIER		3 Executor, trustee, "care of" name ARMIN BECHTOLD
2 Trade name of business (if different from name on line 1) OLYMPIAN INVESTMENT GROUP		
4a Mailing address (street address) (room, apt., or suite no.) 14860 SUMMERLIN WOODS DR, S7	5a Business address (if different from address on lines 4a and 4b)	
4b City, state, and ZIP code FORT MYERS, FL 33919	5b City, state, and ZIP code	
6 County and state where principal business is located LEE, FLORIDA		
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► ARMIN BECHTOLD, JOERG MAIER		

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input checked="" type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input type="checkbox"/> REMIC | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Farmers' cooperative |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other (specify) ► | (enter GEN if applicable) |

8b If a corporation, name the state or foreign country State Foreign country
(if applicable) where incorporated

- | | |
|--|--|
| 9 Reason for applying (Check only one box.) (see instructions) | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input checked="" type="checkbox"/> Started new business (specify type) ► REAL ESTATE FINANCE INVEST. | <input type="checkbox"/> Changed type of organization (specify new type) ► |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Purchased going business |
| <input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Created a trust (specify type) ► |
| | <input type="checkbox"/> Other (specify) ► |

10 Date business started or acquired (month, day, year) (see instructions) **OCTOBER 01, 1999 (BUT NOT OPERATING YET)**

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)

14 Principal activity (see instructions) ► **INVESTMENT GROUP**15 Is the principal business activity manufacturing? ☐ Yes ☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☒ N/A☐ Public (retail) ☐ Other (specify) ►17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ►

Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year) City and state where filed

Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

941-437-4704

Fax telephone number (include area code)

941-437-4704

Name and title (Please type or print clearly.)

JOERG MAIER, PRESIDENT

Signature

Date **MAY 30, 2000**

Note: Do not write below this line. For official use only.

Please leave blank

Geo.

Ind.

Class

Size

Reason for applying

For Paperwork Reduction Act Notice, see page 4.

Cat. No 15056N

Form **SS-4** (Rev. 2-98)