

FOR PROFIT CORPORATION
2002-UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91512 029 ***150.00

DOCUMENT # *P99000087736*

1. Entity Name

OLYMPIUM INVESTMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15060 TAMARIND CAY CT.

Suite, Apt. #, etc.

805

3. Mailing Address

15060 TAMARIND CAY CT.

Suite, Apt. #, etc.

805

DO NOT WRITE IN THIS SPACE

City & State

FORT MYERS, FLORIDA

City & State

FORT MYERS, FLORIDA

4. FEI Number

65-1021638

Applied For

Not Applicable

Zip

33908

Country

USA

Zip

33908

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MAIER, JOERG B

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

15060 TAMARIND CAY CT.

SUITE 805

City

FORT MYERS

FL

Zip Code

33908

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

January 1 - May 1, Fee is \$150.00.
After May 1, Fee is \$550.00.
Amended UBR is \$61.25.
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	<i>P</i>
NAME	<i>MAIER, JOERG B</i>
STREET ADDRESS	<i>15060 TAMARIND CAY CT. 805</i>
CITY - ST - ZIP	<i>FORT MYERS, FL 33908</i>
TITLE	<i>VP</i>
NAME	<i>DEL VECCHIO, DAVID</i>
STREET ADDRESS	<i>1856 INLET DR.</i>
CITY - ST - ZIP	<i>N. FORT MYERS, FL 33903</i>
TITLE	<i>D</i>
NAME	<i>SABLOWSKI, SERDA</i>
STREET ADDRESS	<i>14001 SHIMMERING LAKE CT.</i>
CITY - ST - ZIP	<i>FORT MYERS, FL 33907</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRESIDENT)

APRIL 16, 2002

Date

941-433-5171

Daytime Phone #

CR2E034B (12/01)