

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111675

1. Entity Name

OLYMPIA REALTY SERVICES INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90123 002 ***150.00

Principal Place of Business

Mailing Address

13437-13441 S BELCHER RD
LARGO FL 33771

13437-13441 S BELCHER RD
LARGO FL 33771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617900

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRENNAN, ROGER
12 SOUTH WIND DR
BELLEAIR BLUFFS FL 33770

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

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President/Director	<input checked="" type="checkbox"/> Delete
NAME	ROGER BRENNAN	
STREET ADDRESS	12 SOUTH WIND DR	
CITY-ST-ZIP	Belleair Bluffs FL 33770	
TITLE	Director	<input checked="" type="checkbox"/> Delete
NAME	BRUCE FARREN	
STREET ADDRESS	1713 25TH AVE	
CITY-ST-ZIP	P. ST Pete FL 33713	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER BRENNAN	
STREET ADDRESS	12 SOUTH WIND DR	
CITY-ST-ZIP	Belleair Bluffs FL 33770	
TITLE	Director/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONATO CURCIO	
STREET ADDRESS	25 Kline Blvd	
CITY-ST-ZIP	New Providence NJ 07974	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDY BRENNAN	
STREET ADDRESS	12 SOUTH WIND DR	
CITY-ST-ZIP	Belleair Bluffs FL 33770	
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 owner 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 to this report, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER BRENNAN President 2-10-2000

Date

Daytime Phone #

727-538-5080

CR2E034 (9/99)