

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43486

1. Entity Name

OLYMPIA ELECTRIC, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90183 032 ***150.00

Principal Place of Business

Mailing Address

~~10045 SE FEDERAL HWY~~
 HOBE SOUND FL 33455

~~10045 SE FEDERAL HWY~~
 HOBESOUND FL 33455-5006
 US

2. Principal Place of Business

11910 SE SHELL AVE

3. Mailing Address

11910 SE SHELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

City & State

HOBE SOUND, FL

Zip

33455

Country

USA

Zip

33455

Country

USA

4. FEI Number

65-0254760

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

GENDRON, RAYMOND

~~10045 SE FEDERAL HWY~~ 11910 SE SHELL AVENUE
 HOBE SOUND FL 33455

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 PVS
 NAME GENDRON, RAYMOND
 STREET ADDRESS ~~10045 SE FEDERAL HWY~~
 CITY-ST-ZIP HOBE SOUND FL

TITLE PVS
 NAME GENDRON, RAYMOND
 STREET ADDRESS 11910 SE SHELL AVENUE
 CITY-ST-ZIP HOBE SOUND, FL 33455

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 NAME GENDRON, RAYMOND
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TITLE T
 NAME GENDRON, RAYMOND
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 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 #

RAYMOND GENDRON 3/17/2000 (501) 546-7478