

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90118 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S98547

1. Entity Name

OLYMPIA LEASING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
110 Havendale Blvd.
Suite, Apt. #, etc.

3. Mailing Address
P O Box 1342
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Auburndale FL 33823

City & State
Auburndale FL 33823

4. FEI Number
593188475

Applied For
Not Applicable

Zip
33823
Country
USA

Zip
33823-1342
Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
C. Ray McDaniel, ESQ
Street Address (P.O. Box Number is Not Acceptable)
695 East Main Street

City
Bartow
FL
Zip Code
33830

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
Larry R. Lay
P O Box 1342
Auburndale FL 33823-1342

TITLE
NAME
STREET ADDRESS
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**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)(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 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 #

4-23-02 863-965
1665

CR2E034B (12/01)