

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90116 025 ***150.00

DOCUMENT # V28368

1. Entity Name

OLSON ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4046 LAUREN COURT
DESTIN FL 32541
US

4046 LAUREN COURT
DESTIN FL 32541-2127
US

2. Principal Place of Business

3. Mailing Address

1234 Airport Road

1234 Airport Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 215

Suite 215

City & State

City & State

Destin, FL

Destin, FL

Zip
32541

Country
US

Zip
32541

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0325122

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

OLSON, CARL R
4045 LAUREN CT
DESTIN FL 33437

Name

Olson, Carl Richard

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

4046 Lauren Ct.

City

Destin

FL

Zip Code

32541

8. The above named entity submits this report 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

Carl Richard Olson as President

1/13/00

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 ☐ Delete
NAME OLSON, CARL R
STREET ADDRESS 4046 LAUREN COURT
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 #

Carl Richard Olson as President 1/13/00 (850) 650-2858