

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V30049

1. Entity Name

OLTRONICS, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90060 018 ***150.00

Principal Place of Business

Mailing Address

412 GREENBRIER
SANDLAKE WEST
CELEBRATION FL 34747

412 GREENBRIER
CELEBRATION FL 34747-4643
US

2. Principal Place of Business

3. Mailing Address

4303 Vineland RD

~~4303~~ 4303 Vineland RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F-6

F-6

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

Zip

Country

32811

32811

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVER, ROBERT N
414 GREENBRIER AVE
SANDLAKE WEST
CELEBRATION FL 34747

Name

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

4303 VINELAND RD F-6

City

ORLANDO

FL

Zip Code 32811

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

Bob Oliver

2/8/00

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	PD	<input type="checkbox"/> Delete
NAME	OLIVER, ROBERT N.	
STREET ADDRESS	414 GREENBRIER AVE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	STD	<input type="checkbox"/> Delete
NAME	OLIVER, MOUNTREY	
STREET ADDRESS	414 GREENBRIER AVE	
CITY-ST-ZIP	CELEBRATION FL 34747	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4303 VINELAND RD - F6	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4303 VINELAND RD F-6	
CITY-ST-ZIP	ORLANDO, FL 32811	
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 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 #

Bob Oliver

2/8/00

407 566-1660

CR2E034 (9/99)