

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State
 08-15-2001 90004 038 ***550.00

0071203 AV

DOCUMENT # V57515

1. Entity Name
DAVID W. OLSON, P.A.

Principal Place of Business

**222 LAKEVIEW AVE
 STE 225
 WEST PALM BEACH FL 33401
 US**

Mailing Address

**222 LAKEVIEW AVE
 STE 225
 WEST PALM BEACH FL 33401
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 560

Suite, Apt. #, etc.

SUITE 560

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0347232

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, DAVID W.

222 LAKEVIEW AVE

STE 225 560

WEST PALM BEACH FL 33401

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **PD**
 STREET ADDRESS **OLSON, DAVID W**
 CITY-ST-ZIP **222 LAKEVIEW AVE STE 225 560**
WEST PALM BEACH FL 33401

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 ☐ 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/18/01

CR2E034 (5/01)