FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90908 040 ***150.00

DOCUMENT # H14989

1. Entity Name
OLIVARI & ASSOCIATES, PA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
% WILLIAM L. OLIVARI	141 SAGE BRUSH TRAIL
Suite, Apt. #, etc.: SUITE D	Suite, Apt. #, etc.: SUITE D
City & State: ORMOND BEACH FL	City & State: ORMOND BEACH FL
Zip: 32174 Country: US	Zip: 32174 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2425904 ☐ Applied For ☐ Not Applicable

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: WILLIAM L. OLIVARI

Street Address (P.O. Box Number is Not Acceptable): 141 SAGE BRUSH TRAIL, SUITE D

City: ORMOND BEACH FL Zip Code: 32174

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	OLIVARI, WILLIAM L
STREET ADDRESS	141 SAGE BRUSH TRAIL STE D
CITY - ST - ZIP	ORMOND BEACH FL 32174
TITLE	VPD
NAME	OLIVARI, JOHN S
STREET ADDRESS	141 SAGE BRUSH TRAIL STE D
CITY - ST - ZIP	ORMOND BEACH FL 32174
TITLE	SD
NAME	GREENLEES, MARY
STREET ADDRESS	141 SAGE BRUSH TRAIL STE D
CITY - ST - ZIP	ORMOND BEACH FL 32174
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: William L Olivari PRES 1/26/03 386 672 0775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STF FL32381F.1

WILLIAM L. OLIVARI PRES