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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25, 2001 8:00 am Secretary of State DOCUMENT # **P98000058783** OLIEM, INC. 01-25-2001 90126 014 ***150.00 Principal Place of Business Mailing Address 1154 N.W. 76TH BLVD. 1154 N.W. 76TH BLVD. GAINESVILLE FL 32606 GAINESVILLE FL 32606 UUUU7887 . 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3525724 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALAS, BIENVENIDO C JR. Street Address (P.O. Box Number is Not Acceptable) 1154 N.W. 76TH BLVD. GAINESVILLE FL 32606 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete CR2E034 (10/00) TITLE Change NAME SALAS, BIENVENIDO C JR. NAME 6240 Greatwater Drive STREET ADDRESS STREET ADDRESS 13120 S.W. 2ND PLACE CITY-ST-ZIP CITY-ST-ZIP <u>Windermere, FL 34786</u> TOWN OF TIOGA FL 32669 TITLE ☐ Delete TITLE ☐ Addition NAME FERMAN-SALAS, SANDRA J NAME 6240 Greatwater Drive STREET ADDRESS 13120 S.W. 2ND PLACE STREET ADDRESS CITY-ST-ZIP Windermere, FL 34786 CITY-ST-ZIP TOWN OF TIOGA FL 32669 TITLE ___ Delete ____ TITLE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.