

05-02-2003 90213 014 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000058783 1. Entity Name OLIEM, INC.		
Principal Place of Business 1154 N.W. 76TH BLVD. wrong GAINESVILLE, FL 32606		Mailing Address 1154 N.W. 76TH BLVD. wrong GAINESVILLE, FL 32606
2. Principal Place of Business 14230 W. Newberry Rd Suite, Apt. #, etc.	3. Mailing Address 14230 W. Newberry Rd Suite, Apt. #, etc.	
City & State Newberry, Florida 32669		Country USA
City & State Newberry, Florida 32669		Country USA
4. FEI Number 59-3525724		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		X CHECK HERE IF MAKING CHANGES
6. Name and Address of Current Registered Agent SALAS, BIENVENIDO C JR. 1154 N.W. 76TH BLVD. GAINESVILLE, FL 32606		7. Name and Address of New Registered Agent Name: Salas, Bienvenido C JR. Street Address (P.O. Box Number Is Not Acceptable): 14230 W. Newberry Rd City: Newberry FL Zip Code: 32669
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: <i>Bienvenido C Salas</i> DATE: 4/28/03 <small>Signature, typed or printed name of registered agent and this date (MORE Registered Agent signatures required when necessary)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1) 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 Block 11 if changed, or on an attachment with an address, with or other like empowered. SIGNATURE: <i>Sandra J Ferman Salas</i> DATE: 4/28/03 4079094720 <small>Signature and typed or printed name of signing officer or director</small>		

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CR2E034 (10/02)