

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90045 028 ***150.00

DOCUMENT # 475124



1. Entity Name
OLIVE BRANCH GROVE, INC.

Principal Place of Business
3297 CR 664
BOWLING GREEN FL 33834
US

Mailing Address
3297 CR 664
BOWLING GREEN FL 33834
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1619272**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MOEGERLE, JANE
2241 RISING CREEK CT
DUNEDIN FL 34698

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	MOEGERLE, JANE S	
STREET ADDRESS	2241 RISING CREEK CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HERRON, CLAUDEENE	
STREET ADDRESS	3297 CR 664	
CITY-ST-ZIP	BOWLING GREEN FL 33834	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, JOSEPH F	
STREET ADDRESS	3205 CR 664	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOEGERLE, GEREN C	
STREET ADDRESS	2241 RISING CREEK CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRON, COHEN	
STREET ADDRESS	3297 CR 664	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JOSEPHENE	
STREET ADDRESS	3205 CR 664	
CITY-ST-ZIP	BOWLING GREEN FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDEENE HERRON 2-4-03 (863) 375-4438
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #

CR2E034 (10/02)