7/2/2002-90811-02:

FILED Aug 06, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

Model Place of Business Model Place of Business As Model Reads As Model Rea	DOCUMENT # NO1000	0001623	مريدا المريا		Secretar	y of Sta1 311 021 ****70.04
NOTION ADDRESS SURE APEN S	THE OLIVE BRANCH, INC.			1	07 02 2002 900	,11 021 70.0
AND A 2005 ORLAND FL 2005 OR	Principal Place of Business	Mailing Address		_		
Suite, Apt. 8, etc. Suite, Apt. 8, etc. Suite, Apt. 8, etc. On Not Writte BN THIS SPACE Country Zo				- 4		!
Sure Apt 8, etc. Subs. Apt 8, etc. Subs. Apt 8, etc. Co Not Western Name SPACE Courtey 20 Courtey 20 Country 30 Reconstration Res Processed St. 75 Actional Res Reconstration Res Processed St. 75 Actional Res Reconstration Reconstration				(1881))01.40)4	Biði liðis gölið þólis þærir áðrir þóliði líðið heið liðum	erre 1001
Country 7:p Country 8. Certificate of Status Delired 98.78 Applied for Nor Applicable 8. FELLympher 3.7. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 8. Certificate of Status Delired 98.75 Applied for Nor Applicable 8. Certificate of Status Delired 98.75 Applied for Nor Applicable 8. Certificate of Status Delired 98.75 Applied for Nor Applicable 8. Section 28. Sectio	2. Principal Place of Business	3. Malling Address	-			
E. Name and Address of Current Registered Agent ALIGH, UYLEE R If IOWA WOODS CRCLE, WEST RANDO R. 32224 Coly. Coly. FL Zip Code Name and Address of Name Registered Agent Name Street Address (F.O. Box Number is Not Acceptable) FL Zip Code Name of Address of Name Registered Agent Name Street Address (F.O. Box Number is Not Acceptable) FL Zip Code Nature	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
E. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (F.C. Box Number is Not Acceptable) Name Street Address (F.C. Box Number is Not Acceptable) Name Street Address (F.C. Box Number is Not Acceptable) Nature Street Address (F.C. Box Number is	City & State	Dity & State City & State		4. FELNumber _	* //// U / F ——	
B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Na	Zip Country	Zip	Country	5 7 5	\$9.75 Addition	
AUSH, LYLEE R If IONA WOODS CRCLE, WEST RANDO FL 32824 City City City	6. Name and Address of Curre	ent Registered Agent	<u> </u>		Fas Required	
HOWA WOODS CIRCLE, WEST RANDO R. 3224 City	the second of the second		Name			
The above named entity submits this statement for the purpose of changing its registered children or registered agent, or both, in the state of Florida. NATURE Description Descri	WAUGH, UYLEE R		Street A	ddress (P.O. Box Number is	Not Acceptable)	
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. NATURE Submit Special Speci						
INTURE Eligenter, typer or printed name of registered speel and the 1 application POTE: Registered Agent speaker required when revealance) CATE			City		FL- Zip Code-	
FILE NOW: FEE IS \$51.25 9. Election Campaign Financing	The above named entity submits this statement	for the purpose of changing its	registered office of	r registered agent, or both, in	the state of Florida.	
FILE NOW: FEE IS \$51.25 9. Electron Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DATHEWS-PRYOR, ROSA 13. MESSINA AVENUE 157-2P DAYS, LARONE 2822 ROBERT TRENT JONES DRIVE ORLANDO FL 32835 DO ORLANDO FL						
FILE NOW: FEE IS \$51.25 9. Electron Campaign Financing	IGNATURE					_
Trust Fund Contribution. Added to Fees Department of State Director Added to Fees Department of State		на на очен вржаме (NOT	c: negistered Ağenf eignah	ure required when reinstating)	QATE	
D MATHEWS-PRYOR, ROSA TADDRESS 1633 MESSINA AVENUE STRETADDRESS 1-29 ORLANDO FL 32839 Delete DANS, LARONE SAZ ROBERT TRENT JONES DRIVE ORLANDO FL 32835 Delete TITLE MAKE STRETADDRESS ORLANDO FL 32835 ORLANDO FL 3283	FILE NOW: FEE IS \$61.25			\$5.00 May Be Added to Fees		
MATHEWS-PRYOR, ROSA 1633 MESSINA AVENUE SITER ADDRESS 1633 MESSINA AVENUE SITER ADDRESS 1633 MESSINA AVENUE SITER ADDRESS 3 8 Towa words Onche watt TADDRESS 17-2P ORIANDO FL 32839 DAVIS, LARONE 8322 ROBERT TRENT JONES DRIVE ORIANDO FL 32835		DIRECTORS	11.		ES TO OFFICERS AND DIRECTORS IN 10	
ADDRESS ADDRESS TARRONE AS ROBERT TRENT JONES DRIVE ORLANDO FL 32835 Delete TITLE MAKE FAGRICUSE, SYLVA FAGRICUSE FAGRICUSE, SYLVA FAGRICUSE FAGRICUSE, SYLVA FAGRICUSE FAGRICU		Delete		Director	Change (Addition S
DAVIS, LARONE 2832 ROBERT TRENT JONES DRIVE ORLANDO FL 32835 D HARGROVE; SYLVA FAGRIESS 820 BETHUNE DRIVE ORLANDO FL 32805 ORLANDO FL 32	TREET ADDRESS 1633 MESSINA AVENUE		STREET ADDRESS	381 Dowa	words Orche Wet	0) /60
DAVIS, LARONE 2832 ROBERT TRENT JONES DRIVE ORLANDO FL 32835 D	OUTSHIPO LE 25039	Delete		orland, o	32824	25
ST-ZP ORLANDO FL 32835 CITY-ST-ZP TADDRESS D			NAME	antication of	· Unsuge · []	Addition O
Delate		RIVE			` •	1
ADDRESS ADDRES	ire D	☐ Delete	TITLE .		☐ Change ☐	Addition
CITY-51-DP CHANDO FL 32805 CITY-51-DP CHANDO FL 32805 CITY-51-DP CHANGES 6-33 Mess, in a five nue STREET ADDRESS STREET ADDRESS CITY-51-DP ADDRESS Delete TITLE Change Addition NAME STREET ADDRESS CITY-51-DP ADDRESS Delete TITLE Change Addition NAME STREET ADDRESS CITY-51-DP ADDRESS STREET ADDRESS CITY-51-DP Change Addition ADDRESS STREET ADDRESS CITY-51-DP Change Addition ADDRESS STREET ADDRESS CITY-51-DP Change Addition ADDRESS STREET ADDRESS STREET ADDRESS CITY-51-DP ADDRESS				-		
ADDRESS 1-72P Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete Delete Delete Change Delete Delet	TY-ST-ZIP ORLANDO FL 32805					
ADDRESS CITY-ST-ZIP Delete INAME STREET ADDRESS CITY-ST-ZIP ADDRESS ADDRESS CITY-ST-ZIP Delete INAME STREET ADDRESS CITY-ST-ZIP Thereby 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 dictated 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered. SNATURE: SMATURE AND TYPED OR PRINTED NAME OF SKINING SPICER OR OINECTOR Days Proces 8	- C/Knallot				☐ Change ☐	Addition
ADDRESS CHY-ST-ZIP Change Addition Addition ADDRESS ADDRESS CHY-ST-ZIP ADDRESS CHY-ST-ZI	REET ADDRESS 1677 / MESS, M					10 Carl
ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS T-2P Delete ITHE MAME STREET ADDRESS CITY-ST-2IP Thereby 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 cortify that the information dictated 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation or the receiver or trustee empowered. SNATURE: SNATURE: SNATURE AND TYPED ON PRINTED NAME OF SIGNANG SPICEN ON DIRECTOR Days The Proce of Change Days The	ne when as, of	378 37 □ Dalata			An and	
ADDRESS 17-20P Delete TiTLE Change Addition	WE	C Delete	~ 2		L Change _ []	Addition
ADDRESS 1- 2P ADDRESS 1- 2P Thereby 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 cortify that the information dictated on this report or suppliemental 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 the corporation or the recover or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if hanged, or on an attachment with an address, with all other like efficiency. SNATURE: SNOWATURE AMPTYREO OF PRINTED NAME OF SIGNING SPICER OR DIRECTOR Obs Daysma Phone 9	reet address Ty-st-zip			•		
ADDRESS 17-2P ADDRESS 17-2P ADDRESS 17-2P ADDRESS 17-2P CITY-ST-7IP Addicated 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 hanged, or on an attachment with an address, with all other like enforward. ADDRESS CITY-ST-7IP	LE	☐ Delete	 	 	☐ Change ☐	Addition
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 cortify that the information dicated 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 10 or Block 11 if hanged, or on an attachment with an address, with all other like officewered. SNATURE: SNATURE: SNATURE AND TYPED OR PRINTED HARGE OF BIGNING OFFICER OR DIRECTOR Date Dayling Phone 8	ME REET ADDRESS				<u> </u>	
SNATURE: Les FOR Tigle I Ste Man Mark OF SIGNAND STREET OR DIRECTOR / Dee R. Way 6-19-02 BIGMATURE AND TYPED OR PRINTED HANG OF SIGNAND STREET OR DIRECTOR Days THE Prince of Director Districts or Director Or Director Districts or Director Districts or District Prince of Districts or Distr	Y-ST-ZIP					
SNATURE: Les FOR Tigle I for Many APPO Ly lee R. Ways 6-19-02 SIGNATURE AND TYPES ON PRINTED HANG OF SIGNANG STRICEN ON CHINECTOR LOCAL TOTAL COMMON CONTRACTOR OF SIGNANG STRICEN ON CHINECTOR LOCAL TOTAL COMMON CONTRACTOR OF SIGNANG STRICEN ON CHINECTOR LOCAL TOTAL COMMON CONTRACTOR OF SIGNANG STRICEN ON CHINECTOR LOCAL TOTAL COMMON CONTRACTOR OF SIGNANG STRICEN ON CHINECTOR LOCAL TOTAL COMMON CONTRACTOR OF SIGNANG STRICEN ON CHINECTOR LOCAL TOTAL COMMON CONTRACTOR OF SIGNANG STRICEN ON CHINECTOR LOCAL TOTAL COMMON CONTRACTOR OF SIGNANG STRICEN ON CHINECTOR LOCAL TOTAL COMMON CONTRACTOR OF SIGNANG STRICEN ON CHINECTOR SIGNANG STRICEN SIGNANG STRI	I hereby certify that the information supplied wit indicated on this report or supplemental report	h this filing does not qualify for the true and accurate and that	the exemption state	d in Section 119.07(3)(i), Flor	ida Statutes. I further certify that the informa	ation
SNATURE: LOS PORTURES OF PRINTED NAME OF SIGNAND PRICER OR DIRECTOR LOS PLANTED NAME OF SIGNAND PRINTED NAME OF SIGNAND PRICER OR DIRECTOR LOS PRINTED NAME OF SIGNAND PRICER OR DIRECTOR	of the corporation or the receiver or trustee emp changed, or on an attachment with an address,	covered to execute this report a with all other like empowered.	s required by Chap	ve me same legal effect as if ter 617, Florida Statules; and	made under oath; that I am an officer or din that my name appears in Block 10 or Block	ector k 11 if
SIGNATURE AND TYPED OR PRINTED MAISC OF SIGNAND SPICER OR DIRECTOR	Chail at	well helpuids	FAI 1.1.	2 / 1/m.	16-16-07	
		FRANTED HAME OF SIGNING OFFICER OF	R DIRECTOR	re providati	Daysmo Phone	
			and the		<u></u>	

Affachment 40729

August 2, 2002

The Olive Branch, Inc. 745 Woods Avenue Orlando, FL 32805

Florida Department of State
Annual Reports Section
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

In reference to your letter of July 10, 2002 (Reference Number: N01000001623) please find enclosed our corrected annual report/uniform business report.

If further information is required I can be reached at (407)425-7303.

Respectfully submitted,

Rev. Dr. Uylee R. Waugh

Registered Agent