

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90207 005 \*\*\*150.00

**DOCUMENT # P00000039195**

1. Entity Name  
**LIVE OAK HOLDINGS, INC.**



Principal Place of Business  
**430H ANSIN BOULEVARD  
HALLANDALE FL 33009**

Mailing Address  
**POST OFFICE BOX 871  
HALLANDALE FL 33008**

2. Principal Place of Business

**4701 Monroe Street**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Hollywood, Florida**

City & State

4. FEI Number **65-1026392**

Applied For

Not Applicable

Zip  
**33021**

Country  
**USA**

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

**SHOLAR, MARK A  
430H ANSIN BOULEVARD  
HALLANDALE FL 33009**

Name

**Mark A. Sholar**

Street Address (P.O. Box Number is Not Acceptable)

**4701 Monroe Street**

City

**Hollywood, FL**

FL

Zip Code

**33021**

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

**4/21/03**

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHOLAR, MARK A</b>	
STREET ADDRESS	<b>430H ANSIN BOULEVARD</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHOLAR, KAREN A</b>	
STREET ADDRESS	<b>430H ANSIN BOULEVARD</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE	<b>DPS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SHOLAR, MARK A</b>	
STREET ADDRESS	<b>430 H ANSIN BLVD</b>	
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mark A. Sholar</b>	
STREET ADDRESS	<b>4701 Monroe Street</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	
TITLE	<b>Vice-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Karen A. Sholar</b>	
STREET ADDRESS	<b>4701 Monroe Street</b>	
CITY-ST-ZIP	<b>Hollywood, FL 33021</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

**Signature REC Mark A. Sholar, President 4/21/03 (954) 270-3017**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)