FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # P01000023128 **Secretary of State** 1. Entity Name HOLLAND FINANCIAL AND ORACLE CONSULTING. INC. 02-11-2002 90010 008 ***150.00 Principal Place of Business Mailing Address 3900 GALT OCEAN DRIVE, #1816 3900 GALT OCEAN DRIVE. #1816 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 3900 GALT OCEAN DRIVE 1900 GALT OCEAN DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # 2017 # 2017 Applied For City & State City & State 12 FORT LANDERDALE LANDER DALE 65. 1094368 Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired 37308 **37708** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLLAND, BRIAN HOLLAND, BRIAN Street Address (P.O. Box Number is Not Acceptable) 3900 GALT OCEAN DRIVE, #1816 # 2017 3900 GALT OCEAN DRING, FORT LAUDERDALE FL 33308 308 LAUDERDALE 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. BeiNN R. HOLLAND PRESIDENT Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE ☐ Delete TITLE HOLLAND, BRIAN 3900 GALT OLETAN DRIVE, # 2017 HOLLAND, BRAIN NAME NAME 3900 GALT OCEAN DRIVE, #1816 STREET ADDRESS STREET ADDRESS MORT LANDERDANE, FL 33308 CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP Change ☐ Addition ۷D ☐ Delete TITLE VD TITLE HOLLAND, ANA NAME NAME HOLLAND, ANA 3900 GALT OCEAN DRIVE, # 2017 3900 GALT OCEAN DRIVE, #1816 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -FORT LAUDERDALE CITY-ST-ZIP FORT LAUDERDALE-FL 33308 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

RESEIAN ROHOLLAND SIGNATURE: