

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90724 047 \*\*\*150.00

DOCUMENT # PD2000058585

1. Entity Name  
OLIES Financial Services, Inc.



**DO NOT WRITE IN THIS SPACE**

11040003

2. Principal Place of Business

1350 NW 143rd ave  
Suite, Apt. #, etc.

3. Mailing Address

1350 NW 143rd ave  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

30-0088925

Applied For

Not Applicable

Zip

33028

Country

United States

Zip

33028

Country

United States

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

JENNIFER P. EDA

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

5394 SW 119 AVE

City

Cooper City

FL

Zip Code

33330

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

Kevin J. Oliver

Signature, typed or printed name of registered agent and file if applicable.

Julius P. P...

(NOTE: Registered agent signature required when reinstating)

4-27-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.T.S. VP  
Kevin Oliver, MD  
1350 NW 143rd AVE  
Pembroke Pines, FL 33028

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kevin J. Oliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

DATE

954-4423064

Daytime Phone #

CR2E034B (12/02)