FILED May 01, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

05-01-20

	NIFORM BUSINES		UB	K)	Ra		05	-01-2003	3 90 2 78	022 ***1	50.00
1. Entity Nam OLSW, IN			i/				1 .	1032:	220		
Principal Place of Business Mailing Address 4800 NORTH FEDERAL HWY., STE. 200B BOCA RATON, FL 33431 Mailing Address 4800 NORTH FEDERAL HWY., STE. 200B BOCA RATON, FL 33431								1032,			
4901	lace of Business Highway U.S. 1		849								
Sulte, Apt.	#;'etc.	Sulte, Apt. #, etc.					□сн	ECK HERE	IF MAKIN	g Changes	
BUNNE		Bunnell	FL		4.	FEI Nu		11598	3	<u> </u>	pplied For of Applicable
Zip 3211	Country	32 11 0	Count		5.	Certific	ate of Statu	is Desired	⊡	\$8.75 Ad Fee Require	
	6. Name and Address of Current F	Registered Agent		Nome	7.	Name a	nd Addre	sa of New F	legistered	d Agent	
1201 HAYS	TION SERVICE COMPANY ST. SEE, FL 32301			Street A	•	e (b Box Nui	mber is No	U W Acceptable	1. Ja	Ste. lo	
8. The above	named entity submits this statement for lons of registered agent.	the purpose of changing its	registere	City Pa d office or	lm Cox registered a	ast agent, or	both, in the	e State of Fi	Florida. I an	_ 34	136
SIGNATURE	Signature, typed or printed name of registered agent at	et tilla il mulicatula (AIDNE	· Davie so and	Ammeima	una réquiraci when	interview			DATE		
After Make Chack	FILE NOWIII, FEE IS \$ 150,00 May 1 2003 Fee will be \$550.00 Payable to Florida Department o	State				9.	Election C Trust Fund	ampaign Fir I Contribution	nancing	☐ Ádde	00 May Be d to Fees
10.	OFFICERS AND D	DIRECTORS Delete	11.		Presid			ES TO OFF	ICERS AN	ID DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZP		Uekte	NAME STREE		Edwar 5 Corl	ea: S Fe V	chatz ista		27	□ Change	Munion
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	8 .		,				<u> </u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP	•	☐ Delete	Ø	T ADDRESS ST-ZIP						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ Delete	a ·	T ADDRESS ST-21P					_	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P		☐ De ete	ä	t address st-zip						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete	TITLE NAME STREE CITY-:	T ADDRESS ST - ZIP		- înv				Change	Addition
indicated	pertify that the information supplied with the on this report or supplemental report is the poration of the receiver of trustee empore or on an attachment with an address, we supplementally the control of the control	rue and accurate and that me	dennia v	ira chall he	wa tha come	a lanal of	fect as if m utes; and t	ade under e hat my nam	oath; that I e appears	am an afficar	or director r Block 11 if