

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40133

1. Entity Name

THE OLIVER GROUP, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90156 046 ***150.00

Principal Place of Business 10065 EMERALD COAST PKWY SUITE C-3 DESTIN FL 32541 US	Mailing Address 10065 EMERALD COAST PKWY SUITE C-3 DESTIN FL 32541-6900 US
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2. Principal Place of Business 1708 OLD HIGHWAY 98 Suite, Apt. #, etc.	3. Mailing Address 1708 OLD HIGHWAY 98 Suite, Apt. #, etc.
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City & State DESTIN FL	City & State DESTIN FL
Zip 32541	Zip 32541
Country USA	Country USA

4. FEI Number 63-0942665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POPE, WILLIAM A
~~10065 EMERALD COAST PKWY~~
~~SUITE C-3~~
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
1708 OLD HIGHWAY 98
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST POPE, WILLIAM A. 10065 EMERALD COAST PKWY SUITE C-3 DESTIN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POPE, WILLIAM A. 10065 EMERALD COAST PKWY SUITE C-3 DESTIN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OLIVER, HOWARD C. 10065 EMERALD COAST PKWY SUITE C-3 DESTIN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, PAUL D. 10065 EMERALD COAST PKWY SUITE C-3 BREWTON AL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1708 OLD HIGHWAY 98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1708 OLD HIGHWAY 98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1708 OLD HIGHWAY 98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1708 OLD HIGHWAY 98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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.

SIGNATURE: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2000
 Date

850 537 1662
 Daytime Phone #