

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91388 001 \*\*\*158.75

**DOCUMENT # P95000000313**

**1. Entity Name**  
**OLIVER AIR INC.**

**Principal Place of Business**  
**6753 NIGHTWIND CIRCLE**  
**ORLANDO FL 32818**

**Mailing Address**  
**P.O. BOX 858**  
**CLARCONA FL 32710**

**2. Principal Place of Business**  
**285 11th Ave**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**Ocoee, FL**

**City & State**

**4. FEI Number**  
**59-3312733**

**Applied For**  
**Not Applicable**

**Zip**  
**34761**

**Country**  
**USA**

**Zip**

**Country**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**OLIVER, DANNIE**  
**6753 NIGHTWIND CIRCLE**  
**ORLANDO FL 32818**

**7. Name and Address of New Registered Agent**

**Name**  
**Oliver, Dannie**

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

**285 11th Ave**

**City** **Ocoee** **FL** **Zip Code** **34761**

**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** *Dannie Oliver* **Dannie Oliver, President** **3-6-02**  
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

**TITLE** **PV** ☐ **Delete**  
**NAME** **OLIVER, DANNIE**  
**STREET ADDRESS** **6753 NIGHTWIND CIR.**  
**CITY-ST-ZIP** **ORLANDO FL 32818**

**TITLE** **ST** ☐ **Delete**  
**NAME** **OLIVER, BETTY**  
**STREET ADDRESS** **6753 NIGHTWIND CIR.**  
**CITY-ST-ZIP** **ORLANDO FL 32818**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PV** ☒ **Change** ☐ **Addition**  
**NAME** **Oliver, Dannie**  
**STREET ADDRESS** **285 11th Ave**  
**CITY-ST-ZIP** **Ocoee, FL 34761**

**TITLE** **ST** ☒ **Change** ☐ **Addition**  
**NAME** **Oliver, Betty**  
**STREET ADDRESS** **285 11th Ave**  
**CITY-ST-ZIP** **Ocoee, FL 34761**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** *Betty A. Oliver* **Betty A. Oliver, Secretary** **3/6/02** **407-880-2888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM 2002 AT

CR2E034 (9/01)