5/28

Daytime Phone #

## **FILED** Jun 24, 2002 8:00 am Secretary of State 05-28-2002 91742 011 \*\*\*150.00

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	OLI FINANCIAL INC	3060							
	DO NOT WRITE	IN THIS S	J PAC	E		À	9 4 5,1 (	3	
	lace of Business	3. Mailing Address			-	•	J 4 J/I (	,	
10707- Suite, Apt.	-66 St. No.	10707-66 St. No.			]		,		
9	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI Number		Applied Fo			
Pinellas Park, FL Zip Country		Pinellas Park, FL Zip Country		59-3321032	<del></del>	Not Applica			
33782		33782	Count	-	5. Certificate of Status Desired	□ \$8	.75 Additional Required		
1		· · · · · · · · · · · · · · · · · · ·			7. Name and Address of Current	Registered Ar	jent		
DO-NOT-WRITE					<sup>ne</sup> Sebastian Zeoli,Jr.				
francisco de constante de la c				Street Address (f	ess (P.O. Box Number is Not Acceptable)				
IN THIS SPACE					-00 St. NO.				
					las Park	FL	Zip Code 33782	$\dashv$	
8. The above n	named entity submits this statement for	the purpose of changing its	s registered	d office or registere	ed agent, or both, in the State of Flori	da.	33/62	$\dashv \cdot$	
SIGNATURE	gnature. Typed or brinked name of registered appear as	Sebastian Zeol:		gent signature required v	white minstatoo)	5-17-	-02		
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so  After May				ls \$150.00 \$550.00	10. Election Campaign Finar		\$5.00 May Be	$\dashv$	
(See criteria		Make Check Payab	d UBR is led to Dep	\$61.25 artment of State	Trust Fund Contribution		Added to Fees	<b>'</b>	
11.	OFFICERS AND D	IRECTORS							
NAME	Sebastian Zeoli,Jr.		TITLE	}				크	
STREET ADDRESS 8413 Jacaranda Avenue				NOORESS			•	CR2E034B (12/01)	
CITY-SI-ZIP Largo, FL 33777-3619			CITY-ST	- ZIP				348	
NAME	Secretary/Treasurer		TITLE	ļ	<del>-</del>		· · · · · · · · · · · · · · · · · · ·		
STREET ADDRESS	Maureen McNulty 8413 Jacaranda Avenu	• •	name Street a	DORESS		•		8	
CITY-ST-ZIP	Largo, FL 33777-361		CITY-ST-	1				-	
TITLE NAME			TITLE			<del></del>		[	
-STREET ADDRESS			NAME Street a	nnacce	•		•		
CITY-ST-ZIP	<u> </u>		CITY-ST-		DO NOT W	<b>IRITE</b>	- -		
TITLE	**		TITLE					=	
NAME STREET ADDRESS			NAME		IN THIS SI	PACE			
CITY-ST-ZIP			STREET AL	1					
TITLE			TITLE					_	
NAME STREET ADDRESS			NAME		·			1	
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-Z	1					
TITLE		<del>-</del>	TITLE						
NAME			NAME					1	
STREET ADDRESS CITY+ST-ZIP			STREET AD	,					
13. I bereby certif	v that the information expedient was as	filing doc	CITY-ST-ZI	L					
indicated on II of the corpora attachment wi	y that the information supplied with this his report or supplemental report is truition or the receiver or trustee empower than address with an other like support	<ul> <li>ining does not qualify for the and accurate and that my seed to execute this report a veled.</li> </ul>	ne exemption signature s as required	on stated in Section shall have the same by Chapter 607, F	n 119.07(3)(i), Florida Statutes. I furtle e legal effect as if made under oath; Florida Statutes; and that my name a	ner certify that that I am an o opears in Bio	the information fficer or director ck 11 or on an	1	
SIGNATUR	RE: Cutty	Sebastian Sebastian	Zeoli.		5-17-02 727-5	549-9889			
					Date	Danier Co.		į.	