FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
04 MAR-29 PM 12: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01-04

DOCUMENT # P99000058209

1. Entity Name
OLIVER CONSULTING CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
9858 GLADES ROAD		9858 GLADES ROAD	
Suite, Apt. #, etc. #156		Suite, Apt. #, etc. #156	
City & State BOCA RATON, FLORIDA		City & State BOCA RATON, FLORIDA	
Zip 33434	Country USA	Zip 33434	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name GENNADY BARAKON
Street Address (P.O. Box Number is Not Acceptable) 9858 GLADES ROAD
#156
City BOCA RATON FL Zip Code 33434

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 G Barakon
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD	TITLE	
NAME	BARAKON, GENNEDY	NAME	
STREET ADDRESS	9858 GLADES ROAD #156	STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON, FL 33434~~	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034 (12/01)

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

SIGNATURE: G Barakon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #