

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90200 001 ***150.00

DOCUMENT # **P99000089370**



1. Entity Name
BONNIE J. OLVIER, P.A.

Principal Place of Business
~~33608 PICCIOLA DRIVE~~
FRUITLAND PARK FL 34731

Mailing Address
~~33608 PICCIOLA DRIVE~~
~~FRUITLAND PARK FL 34731~~



2. Principal Place of Business
702 DOMINGUEZ DR

3. Mailing Address
702 DOMINGUEZ DR

Suite, Apt. #, etc.
LADY LAKE

Suite, Apt. #, etc.
LADY LAKE, FL

City & State
FL

City & State

4. FEI Number **59-3602043**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip **32159** Country **SUMTER**

Zip **32159** Country **SUMTER**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVER, BONNIE J
~~33608 PICCIOLA DRIVE~~
~~FRUITLAND PARK FL 34731~~

Name
Street Address (P.O. Box Number is Not Acceptable)
702 DOMINGUEZ DR
City **LADY LAKE** FL Zip Code **32159**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Bonnie J. Oliver*

2-18-03

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	OLIVER, BONNIE J	33608 PICCIOLA DR	FRUITLAND PARK FL 34731	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		702 DOMINGUEZ DR	LADY LAKE, FL 32159	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: *Bonnie J. Oliver*

2-18-03 **352** **753-0707**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)