2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 26, 2000 8:00 am Secretary of State DOCUMENT # **P99000105270** OLIVER PROPERTIES INC. 02-26-2000 90016 009 ***150.00 Mailing Address Principal Place of Business 3630 WHIPPOORWILL BLVD. 3630 WHIPPOORWILL BLVD. PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 10025342 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number (, 50495130 Applied For City & State City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JOERNS, HANS Street Address (P.O. Box Number is Not Acceptable) 3630 WHIPPOORWILL BLVD. PUNTA GORDA FL 33950 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition PRESI DENT. TITLE ☐ Delete TITLE LETIZIA NOVALESE NAME NAME 1133 BAL HAABER BLOOD 1134 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GOLDA PL 33950 ---CITY-ST-ZIP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS LUIP POUR CITY-ST-ZIP CITY-ST-ZIP 6 UKB SECRE TANY - THEASURER Change ■ Addition TITLE ☐ Delete TITLE TIZIA NOVALESCE NAME NAME 33 RAL HARBON BLUD # 1139 STREET ADDRESS STREET ADDRESS UNTA GOODA, FL 33950 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DIRECTOR ☐ Delete TITLE TITLE NAME NAME TUERUS STREET ADDRESS 3630 WHIPPORWILL BLYD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GOLDA, FL 33950 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.