

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90019 033 ***150.00

DOCUMENT # **P99000105270**

1. Entity Name

OLIVER PROPERTIES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1133 BAL HARBOR BLVD. ← SAME

Suite, Apt. #, etc.

***161**

City & State

PUNTA GORDA, FL

Zip

33950

Country

U.S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

650495130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HANS JOERNS

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

3630 WHITPOORWILL BLVD.

City

PUNTA GORDA

FL

Zip Code

33950

**DO NOT WRITE
IN THIS SPACE**

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**SECRETARY
LETIZIA NOVARESE
1133 BAL HARBOR BLVD. PUNTA
GORDA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**FLORIDA
33950**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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:

Oliver Properties by Letizia Novarese **3/26/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City

Phone 841 505 8820

CR2F004E (12/01)