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Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90125 049 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000020646

1. Entity Name
ED OVERSTREET INSURANCE, INC.

10074901

Principal Place of Business	Mailing Address
887 S FERDON BLVD CRESTVIEW, FL 32526	887 S FERDON BLVD CRESTVIEW, FL 32526

2. Principal Place of Business	3. Mailing Address
887 S. Ferdon Blvd	887 S. Ferdon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crestview, FL	City & State: Crestview, FL
Zip: 32536 / Country: USA	Zip: 32536 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0635587 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

POWELL, GILLIS E JR
422 NORTH MAIN STREET
CRESTVIEW, FL 32536

7. Name and Address of New Registered Agent

Name

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

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

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	PD OVERSTREET, HUGH E 801 SIOUX CIRCLE CRESTVIEW, FL 32536 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD OVERSTREET, ELEANOR D 801 SIOUX CIRCLE CRESTVIEW, FL 32536 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 empowered.

SIGNATURE: Hugh E Overstreet — Hugh E. Overstreet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

850-682-6856

CR2E034 (10/02)