2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 629457 Mar 03, 2000 8:00 am **Secretary of State** H.L. OVERBECK, INC. 03-03-2000 90257 033 ***150.00 Mailing Address Principal Place of Business P.O. BOX 431346 29463 RANGER AVE BIG PINE KEY FL 33043-1346 BIG PINE KEY FL 33043 US 3. Mailing Address 2. Principal Place of Business bnwood Dr 16ZO DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1924591 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OVERBECK, HAROLD L Street Address (P.O. Box Number is Not Acceptable 29463 RANGE AVE **BIG PINE KEY FL 33043** Zip Code **3***30***4***う* 8. The above named entity submits this statement for the purpose of changing its registered off FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE OVERBECK, HAROLD L NAME NAME 1620 Bultonwood Dr. STREET ADDRESS STREET ADDRESS 29463 RANGER AVE Big Pine Key, FL 33043 CITY-ST-ZIP CITY-ST-ZIP **BIG PINE KEY FL 33043** Delete ☐ Addition TITLE TITLE OVERBECK, KATHRYN S. NAME NAME 1620 Bufforwood Dr. Big Pine Key, FC 33043 STREET ADDRESS STREET ADDRESS 29463 RANGER AVE CITY-ST-ZIP CITY-ST-ZIP **BIG PINE KEY FL 33043** Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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.

SIGNATURE: Signature and typed on printed name of signing officerion director.

Date Daytere Phone #

JHZE034 (9/99)