

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90013 018 \*\*\*150.00

0329290 AV

**DOCUMENT # H44789**

1. Entity Name

**OVERSEAS ANGLO INVESTMENTS, INC.**

Principal Place of Business

**235 CRANDON BLVD.  
 KEY BISCAINE FL 33149**

Mailing Address

**2100 S OCEAN LN  
 APT 712  
 FT LAUDERDALE FL 33316  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2532957**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**VAN SPALL, JANET  
 2100 SOUTH OCEAN LANE  
 APT 712  
 FORT LAUDERDALE FL 33316**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

**DS**

☐ Delete

NAME

**VANSPALL, JANET  
 2100 SOUTH OCEAN LANE #712  
 FORT LAUDERDALE FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

**P**

☐ Delete

NAME

**VANSPALL, FRANK  
 2100 S OCEAN LANE #712  
 FT. LAUDERDALE FL**

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Janet van Spall* - **JANET VAN SPALL**

*14 Mar 02*

*954-527-0165*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)