

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006438

1. Entity Name

OVERSPRAY CHARTERS, L.L.C.

FILED
Sep 18, 2002 8:00 am
Secretary of State

04-03-2002 90019 032 ***150.00

09-18-2002 90055 001 ****50.00

Principal Place of Business

Mailing Address

6913 HARNEY ROAD
 TAMPA FL 33617

6913 HARNEY ROAD
 TAMPA FL 33617

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

01-0649320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IHRIG, WILLIAM KENT

BROAD AND CASSEL

100 NORTH TAMPA STREET, SUITE 3500

TAMPA FL 33602

Name

SEAN CARNEY

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

6913 HARNEY RD

City

TAMPA

FL

Zip Code

33617

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

PRESIDENT
 SEAN CARNEY
 170 SMOKEY MOUNTAIN RD
 SEFFNER FL 33584

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

VICE PRESIDENT
 DANIEL CARNEY
 305 BRYAN OAK AVE
 BRADON FL 33511

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

SECRETARY
 LORITA CARNEY
 170 SMOKEY MOUNTAIN RD
 SEFFNER FL 33584

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TREASURY
 GUYA CARNEY
 305 BRYAN OAK AVE
 BRADON FL 33511

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

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TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

9-10-02

813 985 4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)