

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L31510

1. Entity Name

OVERFLOW PRESS, INC.

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90653 020 ***550.00

Principal Place of Business

Mailing Address

5420 W CRENSHAW 6315
TAMPA FL 33634
US

5420 W CRENSHAW
TAMPA FL 33634-3009
US

2. Principal Place of Business

3. Mailing Address

6315 ANDERSON ROAD

6315 ANDERSON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FLORIDA

TAMPA FLORIDA

Zip 33634

Country

Zip

Country

FLORIDA

33634

4. FEI Number 59-3008288

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, JAMES
8319 TERRACEWOOD CIRCLE
TAMPA FL 33615

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.

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, 2000 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 P ☐ Delete
NAME ROBERTS, LORI A.
STREET ADDRESS 6720 W CRENSHAW STE 10
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6315 ANDERSON ROAD
CITY-ST-ZIP TAMPA, FLORIDA 33634

TITLE MV ☐ Delete
NAME ROBERTS, JAMES
STREET ADDRESS 8319 TERRACEWOOD CIRCLE
CITY-ST-ZIP TAMPA FL 33615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME ROBERTS, RANDALL A.
STREET ADDRESS 19325 CRESCENT ROAD
CITY-ST-ZIP ODESSA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James Roberts Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES ROBERTS JR 6-20-00 813-884-6981