

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90021 038 \*\*\*150.00

DOCUMENT # L31510

1. Entity Name

OVERFLOW PRESS, INC.

Principal Place of Business

6315 ANDERSON BLVD  
TAMPA FL 33634  
US

Mailing Address

6315 ANDERSON BLVD  
TAMPA FL 33634  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

RANDALL A. ROBERTS

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

8727 HICKORYWOOD LANE

City

TAMPA

FL

Zip Code

33615-4418

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-01

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, 2001 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	<input type="checkbox"/> Delete
NAME	ROBERTS, LORI A.	
STREET ADDRESS	6315 ANDERSON BLVD	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	MV	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, JAMES	
STREET ADDRESS	8319 TERRACEWOOD CIRCLE	
CITY-ST-ZIP	TAMPA F 33615	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ROBERTS, RANDALL A.	
STREET ADDRESS	19325 CRESCENT ROAD	
CITY-ST-ZIP	ODESSA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P. J.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V.S. M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, RANDALL A	
STREET ADDRESS	8727 HICKORYWOOD LANE	
CITY-ST-ZIP	TAMPA, FLORIDA 33615-4418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

4-16-01 813-247-6789

CR2E034 (10/00)