2/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
02-20-2002 90153 038 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000012103

1. Entity Name
JOHN R. OVERCHUCK, P.A.

Principal Place of Business	Mailing Address
90 E LIVINGSTON STREET SUITE 100 ORLANDO FL 32801	90 E LIVINGSTON STREET SUITE 100 ORLANDO FL 32801

2. Principal Place of Business		3. Mailing Address	
20 N. ORANGE AVE		Same	
Suite, Apt. #, etc.: 800		Suite, Apt. #, etc.	
City & State: ORLANDO		City & State	
Zip: 32801	Country: USA	Zip	Country

4. FEI Number 59-3744857 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, STEVEN C
800 N MAGNOLIA AVENUE SUITE 1500
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name: JOHN R. OVERCHUCK
Street Address (P.O. Box Number is Not Acceptable): 20 N. ORANGE AVE #800
City: ORLANDO FL Zip Code: 32801

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 ______ 2/1/02
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 NAME STREET ADDRESS CITY-ST-ZIP	D OVERCHUCK, JOHN R 90 E LIVINGSTON STREET SUITE 100 ORLANDO FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 20 N. ORANGE AVE, #800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: ______ 2/1/02 407-648-5977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #