

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90059 041 \*\*\*150.00

**DOCUMENT #** P01000014170

**1. Entity Name**

T. Overstreet Construction Company, Inc.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

21426 Carson Drive

Suite, Apt. #, etc.

**3. Mailing Address**

21426 Carson Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Land O'Lakes, FL

**City & State**

Land O'Lakes, FL

**4. FEI Number**

59-3703075

**Applied For**

Not Applicable

**Zip**

34639

**Country**

USA

**Zip**

34639

**Country**

USA

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

George N Klimis

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

23 E. Tarpon Ave.

**City**

Tarpon Springs

**FL**

**Zip Code**

34689

**DO NOT WRITE  
IN THIS SPACE**

**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)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	President Thomas E. Overstreet Jr. 3936 Jenita Drive Palm Harbor, FL 34685	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	V. President Thomas E. Overstreet Sr. 17728 US 41 Springhill, FL 34610	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas E. Overstreet Jr.

**Date**

4-12-02

**Daytime Phone #**

813-909-2249

CR2E034B (12/01)

Attachment # P01000014170 / 1646310

**George N. Klimis, P.A.**

*Attorney at Law*

◆ L.L.M. Taxation ◆

April 18, 2002

Division of Corporations  
Uniform Business Report Filings  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

**CERTIFIED RETURN RECEIPT**  
**Article #: 7000 1670 0002 9946 3165**

Re: **2002 Uniform Business Report:**  
**T. Overstreet Construction Company, Inc. - Doc# : P01000014170**

Dear Sir:

Please find enclosed the completed 2002 Uniform Business Report for T. Overstreet Construction Company, Inc. and attached corporate check #1186 in the amount of \$150.00 required for filing the same.

If you have any questions or comments regarding the enclosed, please do not hesitate to contact me at my office number.

Sincerely,

**GEORGE N. KLIMIS, P.A.**

By:   
George N. Klimis, Esquire

GNK/mw  
Encls. as referenced in letter

23 E. Tarpon Avenue, Tarpon Springs, Florida 34689  
Phone: 727-943-9551 \* Fax: 727-943-9081