

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90202 008 \*\*\*150.00

**DOCUMENT # P01000014170**

1. Entity Name  
**T. OVERSTREET CONSTRUCTION COMPANY, INC.**



Principal Place of Business  
**21426 CARSON DR.  
LAND O LAKES FL 34639**

Mailing Address  
**21426 CARSON DR.  
LAND O LAKES FL 34639**

00010110



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 **59-3703075**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KLIMIS, GEORGE N  
23 E. TARPON AVE.  
TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name **GEORGE N. KLIMIS, P.A.**  
Street Address (P.O. Box Number is Not Acceptable) **27 E. ORANGE ST.**  
City **TARPON SPRINGS FL 34689**

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P OVERSTREET, THOMAS E JR. 3936 JENITA DR. PALM HARBOR FL 34685</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP OVERSTREET, THOMAS E SR. 17728 US 41 SPRINGHILL FL 34610</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary, Treasurer STACEY L. OVERSTREET 3936 JENITA DR. PALM HARBOR, FL 34685</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Thomas E. Overstreet Jr.** 3-19-03 (813) 989-2249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

# P01000014170

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

**Attorney at Law**

◆ L.L.M. Taxation ◆

March 20, 2003

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

Re: **2003 Uniform Business Report for the following Corporation:**  
- **T. Overstreet Construction Company, Inc.**; Document #: **P01000014170**  
- **EIN #: 59-3703075**

Dear Sir:

Please find enclosed completed 2003 Uniform Business Report for the above referenced corporation. Attached is their Corporate check # 1780 in the amount of \$150.00 required for filing.

If you have any questions or comments regarding the enclosed, please do not hesitate in contacting my office.

Sincerely,

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

By \_\_\_\_\_

George N. Klimis, Esquire

GNK/my

Encls. as referenced

27 E. Orange Street, Tarpon Springs, Florida 34689  
Phone 727-943-9551 \* Fax: 727-943-9081  
e-mail [gpa@tampabay.rr.com](mailto:gpa@tampabay.rr.com)