**FILED**
**Apr 16, 2003 8:00 am**
**Secretary of State**
04-16-2003 90125 049 ***150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000020646

1. Entity Name
ED OVERSTREET INSURANCE, INC.

10074901

| Principal Place of Business | Mailing Address |
|---|---|
| 887 S FERDON BLVD<br>CRESTVIEW, FL 32526 | 887 S FERDON BLVD<br>CRESTVIEW, FL 32526 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 887 S. Ferdon Blvd | 887 S. Ferdon Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Crestview, FL | City & State: Crestview, FL |
| Zip: 32536 / Country: USA | Zip: 32536 / Country: USA |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0635587 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

POWELL, GILLIS E JR
422 NORTH MAIN STREET
CRESTVIEW, FL 32536

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>OVERSTREET, HUGH E<br>801 SIOUX CIRCLE<br>CRESTVIEW, FL 32536 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VSTD<br>OVERSTREET, ELEANOR D<br>801 SIOUX CIRCLE<br>CRESTVIEW, FL 32536 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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: Hugh E Overstreet — Hugh E. Overstreet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

850-682-6856

CR2E034 (10/02)