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

## P02000050337 DOCUMENT #

1. Entity Name

OVERMAN DIVERSIFIED INVESTMENTS, INC.



Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91050 011 \*\*\*150.00

Principal Place of Business 19902 DEER HOLLOW LANE LUTZ FL 33548  2. Principal Place of Business Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Cuntry  Zip  Country  S. Certificate of Status Desired  S8.75 Additional Fee Required Fee Required  To Name and Address of New Registered Agent  Name  SMITH, SMITTY  3802 EHRLICH RD STE 210  TAMPA FL 33624  City  City  FL  Zip Code  8. The above named entity jubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of Implications				,		TUST					
Suite, Apt. #, etc.  Suite, Ap	19802 DEER	HOLLOW LANE	19802 DEER H	19802 DEER HOLLOW LANE							
Suite, Apt. #, etc.  Suite, Ap											
City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired   \$8.75 Additional Fee Required  Fee Required  7. Name and Address of New Registered Agent  Name  SMITH, SMITTY  3802 EHRLICH RD STE 210  TAMPA FL 33624  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 Legistaised agent.  Signature, speed or printed name of red-gred agent and title 3 applicable.  (NOTE: Registered Agent signature required when reinstating)  Purpose or printed name of red-gred agent and title 3 applicable.  (NOTE: Registered Agent signature required when reinstating)  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   Delete   TITLE   NAME   NAME   NAME   STREET ADDRESS   19802 DEER HOLLOW LANE   STREET ADDRESS   19802	2. Principal F	Place of Business	3. Mailing Address			_		<b>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</b>			
Country   Zip   Country   Sip   Country   Sip   Country   Sip   Signature required   Signature required when reinstating   Signature species   Signature species   Signature required when reinstating   Signature species   Signature species   Signature species   Signature required when reinstating   Signature species   Signa	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Additional Fee Required	City & Stat	te	City & State					——————————————————————————————————————			
SMITH, SMITTY  3802 EHRLICH RD STE 210  TAMPA FL 33624  City  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. 1 am familiar with, and accept the obligations of registated agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE. Registered Agent signature required when reinstating)  PILE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS	Zip	Country	Zip	Co	untry			\$8.75 Additional Fee Required			
SMITH, SMITTY  3802 EHRLICH RD STE 210  TAMPA FL 33624  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 rederred agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  P. Election Campaign Financing Trust Fund Contribution.  TITLE  NAME  OVERMAN, THOMAS H  STREET ADDRESS  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  (NOTE: Registered Agent signature required when reinstating)  P. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  Added to Fees  Added to Fees  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
Street Address (P.O. Box Number is Not Acceptable)  TAMPA FL 33624  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 registable agent.  Signature, typed or printed name of redevired agent and little if applicable. (NOTE: Registered Agent signature required when reinstating)  PillE NOW!!! FEE IS \$150.00 After May 1, 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  POVERMAN, THOMAS H STREET ADDRESS  19802 DEER HOLLOW LANE  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS					Name						
3802 EHRLICH RD STE 210  TAMPA FL 33624  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 registable agent.  SIGNATURE  Signature, typed or printed name of redelined agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  PillE NOW!!! FEE IS \$150.00  After May 1, 2003. Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  POVERMAN, THOMAS H  STREET ADDRESS  19802 DEER HOLLOW LANE  STREET ADDRESS  19802 DEER HOLLOW LANE	- SMITH, S	MITTY:			00-14-1						
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the obligations of registered agent  SIGNATURE  Signature, typed or printed name of registred agent and title it applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  OVERMAN, THOMAS H  STREET ADDRESS  19802 DEER HOLLOW LANE  STREET ADDRESS								FL Zip Code			
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10.	OF ICERS AND DIRECTORS		TI. ADDITIONO/CHANGES TO OFFICERS AND BIRECTORS IN TI					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Delete OVERMAN, THOMAS H 19802 DEER HOLLOW LANE LUTZ FL 33548	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Treasurer	Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice Acsident; Secretary Judith S. Overman ABOZ Deer Hollow Lane Lutz, FL335AB	☐ Change	Addition			
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-SI-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 sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an other like empowered.