

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10696

1. Entity Name  
**OVER & OVER, INC.**

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90018 036 \*\*\*550.00

Principal Place of Business <b>13530 SOUTH RIDGE DR CHARLOTTE NC 28273 US</b>	Mailing Address <b>13530 SOUTH RIDGE DRIVE CHARLOTTE, NC. 28273-6741 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>13900 South Lakes Drive Suite, Apt. #, etc. Suite A</b>	3. Mailing Address <b>13900 South Lakes Drive Suite, Apt. #, etc. Suite A</b>
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City & State <b>Charlotte, NC</b>	City & State <b>Charlotte, NC</b>
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4. FEI Number <b>56-0945849</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>28273-6790</b>	Country <b>USA</b>	Zip <b>28273-6790</b>	Country <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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.

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<b>CD HENDERSON, MARTIN R. 13530 SOUTH RIDGE DRIVE CHARLOTTE NC</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13900-A South Lakes Drive Charlotte, NC 28273-6790</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCCLUNG, WINIFRED D. 7001 PEACHTREE IND BLVD NORCROSS GA</b>	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD WISEMAN, MICHAEL D. 13530 SOUTH RIDGE DRIVE CHARLOTTE NC</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13900-A South Lakes Drive Charlotte, NC 28273-6790</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD HENDERSON, KAREN W. 13530 SOUTH RIDGE DRIVE CHARLOTTE NC</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>13900-A South Lakes Drive Charlotte, NC 28273-6790</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Dean Wiseman, Treasurer** 07/07/00 704-583-9100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP 1111 (9/97)