

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90036 010 ***150.00

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DOCUMENT # P93000063810

1. Entity Name

FLORIDA & OVERSEAS INCORPORATED

Principal Place of Business

7232 SAND LAKE ROAD
SUITE 305
ORLANDO FL 32819
US

Mailing Address

7232 SAND LAKE ROAD
SUITE 305
ORLANDO FL 32819
US

2. Principal Place of Business

7635 ASHLEY PARK COURT
SUITE 503c

3. Mailing Address

7635 ASHLEY PARK CT
SUITE 503c

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

FL

Country

ORANGE

Zip

32835

Country

ORANGE

4. FEI Number

59-3205806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MR. L. FACKLER
7232 SAND LAKE ROAD, SUITE 305
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name MR. LEO FACKLER

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

7635 ASHLEY PARK COURT
SUITE 503c

City

ORLANDO

FL

Zip Code

32835

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]

LEO FACKLER - PRESIDENT

2/6/02

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FACKLER, LEO	
STREET ADDRESS	7232 SAND LAKE ROAD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FACKLER, MARIA	
STREET ADDRESS	7232 SAND LAKE ROAD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEO FACKLER	
STREET ADDRESS	7635 ASHLEY PARK COURT # 503c	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA FACKLER	
STREET ADDRESS	AS ABOVE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature] LEO FACKLER - PRESIDENT

2/6/02 407 351 6001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)