

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000076345

1. Entity Name
OVERSTREET ELECTRIC CO., INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90070 001 ***150.00

Principal Place of Business Mailing Address
5836 COMMERCE ROAD 5836 COMMERCE ROAD
TON FL 32583 MILTON FL 32583-2343
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
4220 N. Davis Hwy **PO Box 2783**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Pensacola, FL **Pensacola, FL**

4. FEI Number Applied For
59-3272943 Not Applicable

Zip Country Zip Country
32503 **USA** **32513** **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OVERSTREET, BENJAMIN J IV
3448 EDINBURGH DRIVE
PACE FL 32571

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

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 | D | <input type="checkbox"/> Delete |
| NAME | OVERSTREET, BENJAMIN J IV | |
| STREET ADDRESS | 3448 EDINBURGH DRIVE | |
| CITY-ST-ZIP | PACE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OVERSTREET, MARY Z | |
| STREET ADDRESS | 3448 EDINBURGH DRIVE | |
| CITY-ST-ZIP | PACE FL | |
| 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 | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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)(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

850-432-0025

Date Daytime Phone #

BENJAMIN J. OVERSTREET IV

CR2E034 (9/99)