

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000033263

1. Entity Name --

OVERSEAS BUSINESS CORP.

**FILED**  
**Mar 25, 2000 8:00 am**  
**Secretary of State**

03-25-2000 90019 037 \*\*\*150.00

Principal Place of Business	Mailing Address
7001 GRAND NATIONAL DR 104 ORLANDO FL 32819 US	7001 GRAND NATIONAL DR 104 ORLANDO FL 32819-8905 US

2. Principal Place of Business	3. Mailing Address
7031 GRAND NATIONAL DR	7031 GRAND NATIONAL DR.

Suite, Apt. #, etc. SUITE 103	Suite, Apt. #, etc. SUITE 103
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32819-8905	Zip 32819-8905
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3314097	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
BASTO, NEWTON P 8830 OAK LANDINGS CT ORLANDO FL 32836 OK	
7. Name and Address of New Registered Agent	
Name SAME	
Street Address (P.O. Box Number is Not Acceptable) SAME	
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 Christie Basto DATE JAN 11 00  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASTO, NEWTON P 8830 OAK LANDINGS CT. ORLANDO FL 32836 OK	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED DATE JAN 11 00 DAYTIME PHONE # (407) 2489011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)