


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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90138 020 ***150.00

DOCUMENT # **P96000048101**

1. Entity Name **OVERSEAS ADVISERS INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
325 JACARANDA DR
PLANTATION, FL
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country **USA**

DO NOT WRITE IN THIS SPACE

4. FE Number **65-0703891**

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

7. Name and Address of Current Registered Agent
Name **Robert Cowf**
Street Address (P.O. Box Number is Not Acceptable)
325 JACARANDA DRIVE
PLANTATION FLA
City **PLANTATION** State **FL** Zip **33324**

**DO NOT WRITE
IN THIS SPACE**

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]** (NOTE: Registered Agent signature required when reinstating)

Date **4/1/03**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS ROBERT COWF 325 JACARANDA DR PLANTATION, FL 33324	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **4/1/03** **954-725-4454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/02)