2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082952

1. Entity Name
OVER C'S ENTERPRISE OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
4899 BRANDYWINE DRIVE	4899 BRANDYWINE DRIVE
BOCA RATON FL 33487	BOCA RATON FL 33487

2. Principal Place of Business	3. Mailing Address
5530 N. Ocean Blvd - S	5530 N. Ocean Blvd
Suite, Apt. #, etc. Suite 115	Suite, Apt. #, etc. Suite 115
City & State Ocean Ridge, FL.	City & State Ocean Ridge, FL.
Zip 33435 Country Palm Beach	Zip 33435 Country Palm Beach

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0705653 ☐ Applied For ☐ Not Applicable

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
GREENE, ELLIOT	Name
SUITE 350-B	Street Address (P.O. Box Number is Not Acceptable)
23123 ST RD 7	
BOCA RATON FL 33428	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. I am familiar with, and accept the obligations of registered agent.

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

| **FILE NOW!!! FEE IS $150.00** After May 1, 2003 Fee will be $550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P		☐ Delete	TITLE	☐ Change ☐ Addition
NAME ANGELOTTI, CHERYL			NAME	
STREET ADDRESS 4899 BRANDYWINE DRIVE			STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33487			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Cheryl Angelotti_ ED 1/7/03 561-738-2582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #